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ABSTRACT

This manual describes procedures for collecting, recording, and reporting in a uniform, timely manner critical information necessary to the making of key management decisions for parent child centers as well as for the parent child center program. The first section describes recommended data collection and recordkeeping procedures for such centers. When adhered to, these procedures establish a uniform data base for all parent child centers that will support both a management information system and special studies of program impact. These records link directly into the reports and reporting procedures discussed in the second section. The second section describes procedures for submitting required quarterly reports to the U.S. Office of Guild Development. When these reports are processed and displayed, they provide management reports on local program characteristics, services to participants, and operating costs. Both sections are organized according to the forms they describe, and each recordkeeping form is accompanied by a short explanation of the purpose of the form; suggested procedures for completing the form; data collection procedures for the information to be shown on the form; recommendations for filing the records; standard definitions for the items that appear on the form; and a sample of a completed form. (Author/WM)

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Parent Child Center Program
Management Information System

USER'S MANUAL

10-20-72

Report No. 73-18

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USER'S MANUAL

PARENT CHILD CENTER PROGRAM
MANAGEMENT INFORMATION SYSTEM

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INTRODUCTION

The purpose of this User's Manual is to describe procedures for collecting, recording, and reporting critical information for making key management decisions for Parent Child Centers and for the Parent Child Center program in a uniform, timely manner. The manual has two sections.

The first section describes recommended procedures for data collection and record keeping for Parent Child Centers. When adhered to, these procedures establish a uniform data base for all Parent Child Centers that will support both a Management Information System and special studies of program impact. These records link directly into the reports and reporting procedures discussed in the second section.

The second section describes procedures for submitting required quarterly reports to the U.S. Office of Child Development. When these reports are processed and displayed, they provide management reports on local program characteristics, services to participants, and operating costs.

Both sections are organized by the forms they describe. Each record keeping form is accompanied by:

- a short explanation of the purpose of the form;
- suggested procedures for completing the form;
- data collection procedures for the information to be shown on the form;
- recommendations for filing the records;
- standard definitions for the items that appear on the form;
- a sample of a completed form;

The same format is used for each reporting form.

All of the data collection, record keeping, and reporting procedures described in this manual are part of a Management Information System (MIS) for the Parent Child Center (PCC) program. Unlike less demanding "information reporting systems," a Management Information System links data collection and reporting directly to key management decisions such as funding, budgeting, program evaluation, contract compliance, and both long range and short range program planning. It selects, collects, processes, and displays data that have continuous management uses. The timing of the flow of this data is geared to cycles of important management decisions. No research per se is conducted by the system and one-shot questions or data requests that have little continuous value to management decision-makers are not reported.

The PCC MIS was designed to meet the criteria of:

- providing management with timely, relevant, and accurate information for decision-making;
- being demonstrably useful to the PCCs and OCD in improving the delivery of needed services to people;
- being feasible, given the kinds and amounts of resources currently or potentially available to collect and process information;
- minimizing the burden placed on PCCs for collecting and processing information;
- minimizing the need for expertise in data processing at the PCC level;
- being sensitive to the rich diversity in PCC programs;
- being consistent with current reporting requirements, to the extent possible in order to minimize duplication of effort resulting from multiple reporting requirements;
- being adaptable to possible future modifications of the PCC program;
- avoiding undesirable reorientation of the PCC program as a consequence of the MIS;
- avoid the problems encountered by other reporting systems.

Every effort was made to ensure that the system is particularly useful to local management as well as national management. Forms have been simplified to avoid an undue burden of paperwork in terms of maintenance and processing of data. Forms take into consideration other required reporting such as grant applications, and budgets, and these forms support the completion of other required reports. The system at the local level is a manual one. A record keeping system and related individual forms for maintenance at the local level are recommended. From these records, summary reports are prepared and submitted to the national office on a quarterly basis. The system assumes a two way flow of useful management information--toward the local PCCs as well as toward Washington.

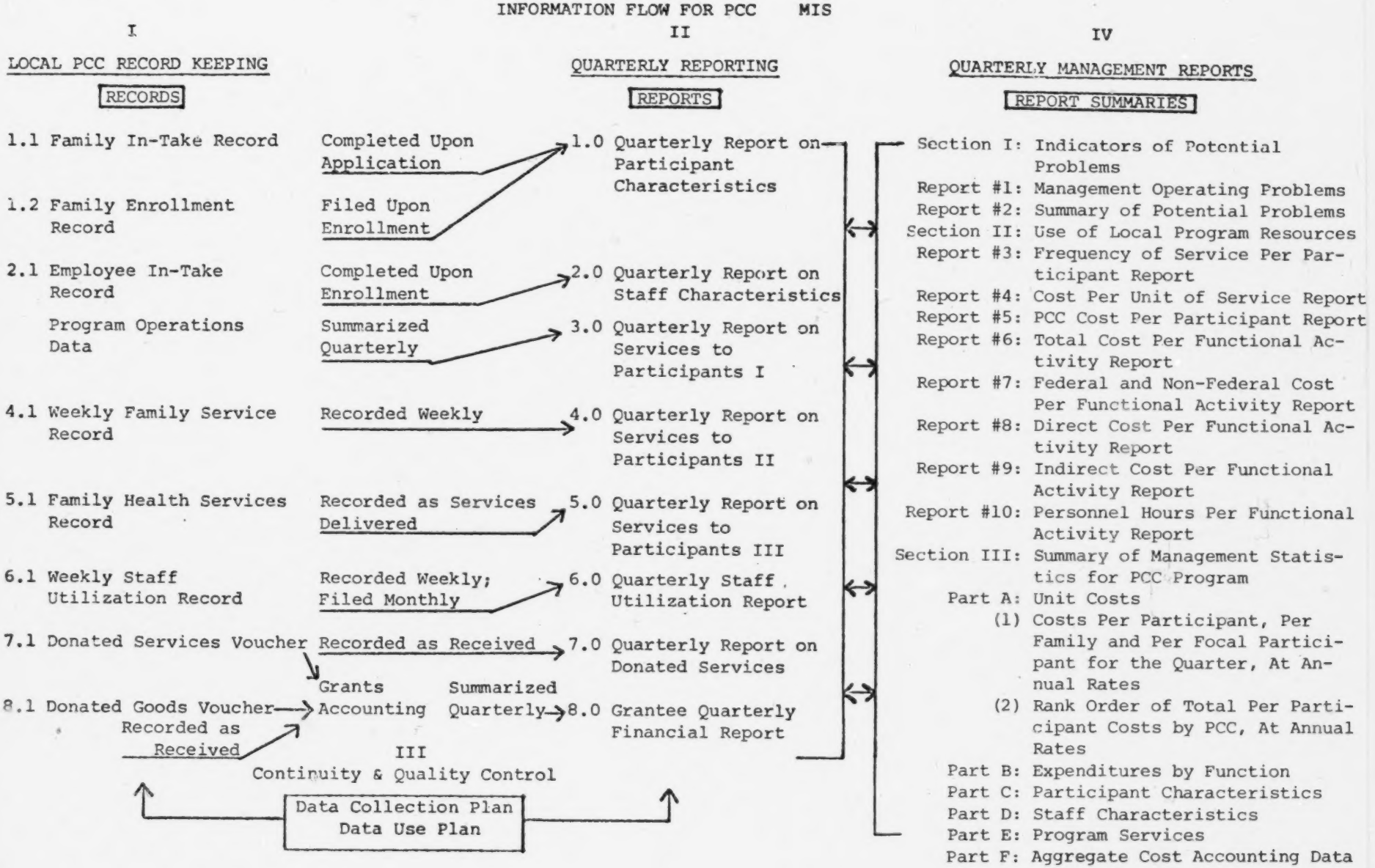
As a Management Information System, the PCC MIS was designed to significantly contribute to improved program management, planning and evaluation. The system is seen as a potentially valuable means of maximizing the benefits from limited resources by timely reduction of managerial uncertainties. It links costs to services. It permits management to see how human resources are being used in a labor intensive program--a program in which more than 2/3 of the operating costs are personnel costs. It acts as an early warning system and

makes hard facts available for appropriate corrective action so that management-by-purpose can replace management-by-exception. In addition, the PCC MIS channels requests for information through a system that manages information in a positive way by establishing specific times for data reporting, limitations on data to be reported, and directly links data reporting to management decision-making.

Finally, the design of the PCC MIS makes it possible for the system to be transferable, and responsive to calls for change in the future. While the PCC MIS was designed as a comprehensive system, the interrelated parts of the PCC MIS have been integrated so that they are not so dependent upon one another that a change to one part creates an untoward chain reaction in all other parts. Moreover, the system has been documented in modular fashion so that it can be transferred in whole or in part to other agencies and organizations with a need to organize the flow of information so that it is a meaningful input to management decision-making.

The PCC MIS is the first large operational MIS for a social action program relating to child welfare.

INFORMATION FLOW FOR PCC MIS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RECORDKEEPING FORMS: INTRODUCTION

RECORDKEEPING FORMS: INTRODUCTION

A set of mandatory forms to be maintained in all Parent-Child Centers is presented in this section of the User's Manual. The purpose of each form, procedures for completing the form and appropriate detailed instructions are included with the forms. These records are central to the system, both for operational purposes and statistical reporting and research purposes. While not sent to Washington, these records are the primary source of all required information reported quarterly to the National Data Coordinator. At the same time they are offered to individual programs for the value they may have to local operations. The Recordkeeping forms are:

- Family In-Take Record
- Family Enrollment Record
- Employee In-Take Record
- Weekly Family Service Record
- Family Health Services Record for the Quarter
- Weekly Staff Utilization Record
- Donated Service Voucher
- Donated Goods Voucher

These are individual recordkeeping forms for local use and will not be collected. The information in these forms should be held in strictest confidence by the data coordinators in each PCC. Employees and parents should be made aware of these forms, their use, and consent obtained prior to their completion.

In addition to the MIS records specified above, all PCC's are expected to maintain informal records on program operations including a calendar of operating days per quarter, child attendance data and Policy Council minutes. An account of progress, problems and unusual circumstances should also be readily available to prepare the Quarterly Narrative Report.

RECORDKEEPING PROCEDURES

Local recordkeeping procedures are likely to differ greatly among Parent-Child Centers, depending upon the size of the program, the number of sites, site location, program orientation, and administrative structure. Verbal communication and informal recordkeeping may prove the most effective data collection method for small centers, while multi-site programs and those programs serving large client populations may require more formalized communications and some standard data collection forms to document program operations. It is anticipated that each Data Coordinator will complete a Data Collection Plan outlining the specific collection and reporting procedures to be followed in each PCC.

Much of the success in completing Quarterly Reports depends upon the coordination of day-to-day recordkeeping at each Parent-Child Center. The Data Coordinators will be making plans and decisions for establishing these recordkeeping procedures. While the Data Coordinator will not be responsible for completing all records and forms, he or she should assign recordkeeping duties to appropriate staff members, establish a filing system, distribute and/or prepare forms as necessary, and ensure that all records are completed accurately and on time. Records should be updated annually in September, and important changes should be recorded as they occur on the Family Enrollment and Employee In-Take Records.

Suggested recordkeeping files are outlined on the following pages.

SUGGESTED RECORDKEEPING FILES

STAFF RECORDS

Outlined below is a suggested filing system for all staff and consultant records. Separate file headings should be established for

- Permanent Full and Part time Paid Staff
- Temporary or Occasional Workers
- Volunteers
- Consultants

Paid Staff -- Prepare individual folders for each permanent full or part time employee, and include an Employee In Take Record, completed Weekly Staff Utilization Records, and other appropriate documents. Folders may be arranged under the following sub-headings to facilitate the transfer of data to quarterly reports.

- New Staff -- Include new staff hired during the current quarter and not subsequently terminated.
- Reinstatements -- Include staff reinstated during the current quarter and not subsequently terminated during this quarter.
- Current Staff -- Include staff currently on the payroll who have not been hired, reinstated, or terminated during the quarter. At the end of each quarter, transfer New Staff records and Reinstatement records to this file.
- Terminations - Current Quarter -- Include staff terminated during the quarter and not subsequently reinstated.
- Terminations-Previous Quarters -- Include all staff terminated prior to the current quarter and not reinstated. At the end of each quarter, transfer records under Terminations-Current Quarter to this file.
- Applications -- Prepare one folder containing Employee In-Take Records for each job applicant. When an applicant is hired, complete the Employee In-Take Record and transfer the records to the New Staff file.

Temporary or Occasional Workers -- Prepare two folders to include Weekly Staff Utilization Records and other appropriate documents for all persons who work on a temporary basis for the PCC. One folder should be marked "Current" and should contain all records applicable to the current quarter. The second folder, marked "Previous Quarters,"

should be used to store records applicable to previous quarters. Arrange records alphabetically by last name.

Consultants and Contract Services -- Prepare separate folders for paid consultants who work during the current quarter and for those who performed work during previous quarters. Include Weekly Staff Utilization Records for consultants and individuals who contract to work for the PCC. Arrange records alphabetically by last name. Do not complete Staff Utilization Records for employees of companies, firms, or agencies with which the PCC has contracted for food services, building repairs, transportation and the like.

Volunteers -- Include Donated Services Vouchers for volunteers, and staff members who work for the PCC but are paid by another agency. Vouchers should be arranged alphabetically under the following sub-headings:

- Allowable as Non-federal Share
- Not Allowable as Non-federal Share

You may find it convenient to prepare individual folders for those persons who work regularly at the Center. File vouchers applicable to the current quarter separately from those applicable to previous quarters.

PARTICIPANT FAMILY RECORDS

Outlined below is a suggested filing system for all participant family records. Separate major headings should be established for

- Participant Families
- Weekly Family Service Records
- Health Services Records

Participant Families -- Prepare individual folders for each participant family, and include a Family In-Take Record, a Family Enrollment Record, and other appropriate local records. Folders may be arranged under the following sub-headings to facilitate the transfer of data to quarterly reports.

- New Families -- Include new families enrolled during the quarter and not subsequently terminated.
- Reinstatement -- Include families reinstated during the current quarter and not subsequently terminated.
- Current Families -- Include families currently participating in the program who have not been enrolled, terminated or reinstated during the current quarter. At the end of each quarter, transfer New Families records and Reinstatement records to this file.
- Terminations-Current Quarter -- Include families terminated during the quarter and not subsequently reinstated.

- Terminations-Previous Quarters -- Include all families terminated prior to the current quarter and not reinstated. At the end of each quarter, transfer records under Terminations-Current Quarter to this file.
- Applications -- Prepare one folder containing Annual In-Take Record for all families who apply for enrollment or who are participating in PCC on a trial basis. When an applicant family is enrolled, complete a Family Enrollment Record form and transfer all records to the New Families file.

Weekly Family Service Records -- Prepare one form for each participant family at the beginning of the quarter. Distribute the forms to those staff members responsible for completing this record or place the forms in designated locations where they are available to appropriate staff. Each week, make certain that assigned staff record the number of times services were provided to individual families. Complete the records at the end of the quarter, add the totals from all forms, and enter the results on the Quarterly Report on Services to Participants II. File each individual completed service record in the appropriate family's file.

Family Health Services Record -- Prepare one form for each participant family and file them together alphabetically by family name in one folder. Complete the health records at the end of each quarter, then add the checks entered on all forms, and transfer the results to the Quarterly Report on Services to Participants III. File the completed health records in each family's individual folder.

PROGRAM OPERATIONS

In addition to the MIS filing procedures outlined above, informal records should be maintained by each PCC to document the following program operations:

- Number of days PCC operated during the quarter.
- Number of days Child Care provided during the quarter.
- Number of focal children enrolled in the center(s) and/or homes at the end of the quarter.
- Policy Council attendance data.

This information is needed to complete the Quarterly Report on Services to Participants I and should be transcribed from the center's calendar of operations, child enrollment and attendance data and Policy Council minutes.

DONATED GOODS VOUCHERS

Include Donated Goods Vouchers for goods or money donated to the center. Vouchers should be filed under the following sub-headings:

- Allowable as non-federal share.
- Not allowable as non-federal share.

File vouchers applicable to the current quarter separately from vouchers applicable to previous quarters.

FAMILY IN-TAKE RECORD

FAMILY IN-TAKE RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

DATE FORM COMPLETED. [ ] [ ] [ ]
month *day* *year*

Head of Household

NAME OF HEAD OF HOUSEHOLD _____

_____

SEX: Male ☐ Female ☐ SOCIAL SECURITY NUMBER [ ]

Focal Participants

NAME OF FOCAL PARTICIPANT(S) _____

_____ _____

ADDRESS _____
street *city*

_____ PHONE _____
state *zip* *area code* *number*

WHO IS THE ELIGIBLE RECIPIENT FOR PCC SERVICES?

- ☐ A pregnant woman *and* only one focal child
- ☐ A pregnant woman *and* more than one focal child
- ☐ Pregnant woman
- ☐ One focal child
- ☐ Two focal children
- ☐ Three or more focal children

WHAT IS THE RELATIONSHIP BETWEEN THE FOCAL CHILD AND THE HEAD OF THE HOUSEHOLD?

- ☐ Natural Parent
- ☐ Foster Parent
- ☐ Adoptive Parent
- ☐ Legal Guardian
- ☐ Grandparent or other relative (if not legal guardian)
- ☐ Other (specify)

Parents or Guardian

NAME OF PARENT OR GUARDIAN _____
last name *first name* *middle initial*

DATE OF BIRTH [ ] [ ] [ ]
month *day* *year*

- ☐ In Household
- ☐ Temporarily Out of Household
- ☐ Permanently Out of Household

HIGHEST GRADE OF SCHOOL COMPLETED BY PARENT OR GUARDIAN (check one)

- ☐ No School
- ☐ 1–6 years
- ☐ 7–8 years
- ☐ 9–11 years
- ☐ High School Graduate
- ☐ Some college, business, or vocational education beyond High Sch.
- ☐ College Graduate
- ☐ Advanced Degree(s)

ETHNICITY OF PARENT OR GUARDIAN (check one)

- ☐ Mexican-American
- ☐ Puerto Rican
- ☐ Other Caucasian
- ☐ Black
- ☐ American Indian
- ☐ Native Alaskan
- ☐ Polynesian
- ☐ Oriental
- ☐ Other (specify) _____

Name of Spouse

NAME OF SPOUSE _____
last name *first name* *middle initial*

DATE OF BIRTH [ ] [ ] [ ]
month *day* *year*

- ☐ In Household
- ☐ Temporarily Out of Household
- ☐ Permanently Out of Household

HIGHEST GRADE OF SCHOOL COMPLETED BY SPOUSE (check one)

- ☐ No School
- ☐ 1–6 years
- ☐ 7–8 years
- ☐ 9–11 years
- ☐ High School Graduate
- ☐ Some college, business, or vocational education beyond High Sch.
- ☐ College graduate
- ☐ Advanced Degree(s)

ETHNICITY OF SPOUSE (check one)

- ☐ Mexican–American
- ☐ Puerto Rican
- ☐ Other Caucasian
- ☐ Black
- ☐ American Indian
- ☐ Native Alaskan
- ☐ Polynesian
- ☐ Oriental
- ☐ Other (specify) _____

Housing Status

THE FOLLOWING QUESTIONS ARE ABOUT THE HOUSE THE CHILD IS LIVING IN NOW:

HOUSING STATUS (check one)

- ☐ Public Housing
- ☐ Renting, not Public Housing
- ☐ Own a Home
- ☐ Buying a Home
- ☐ Sharing a Housing Unit
- ☐ Temporary Housing
- ☐ Other (specify) _____

HOW FAR AWAY FROM THE PCC IS THE PARTICIPANT LIVING (check one):

- ☐ Less than 1.0 mile
- ☐ 1.0 through 3.0 miles
- ☐ 3.1 through 6.0 miles
- ☐ 6.1 through 9.0 miles
- ☐ 9.1 through 12.0 miles
- ☐ 12.1 through 15.0 miles
- ☐ More than 15 miles

HOW MANY ROOMS ARE THERE IN THE HOUSE OR APARTMENT? _____

WHAT IS THE TOTAL NUMBER OF ROOMS USED FOR SLEEPING? _____

LANGUAGE MOST OFTEN SPOKEN IN THE HOME: _____

Family Size and Income

TOTAL NUMBER OF MEMBERS IN THE HOUSEHOLD _____

TOTAL FAMILY ANNUAL INCOME (for past year) $_____ ☐ FARM ☐ NON-FARM

PRIMARY SOURCE (LARGEST SOURCE) OF FAMILY INCOME OVER THE PAST YEAR (check one):

- ☐ Employment
- ☐ Unemployment Compensation
- ☐ AFDC
- ☐ Public Assistance
- ☐ Social Security
- ☐ Workman's Compensation
- ☐ Veteran's Pension
- ☐ Military Salary
- ☐ Alimony or Child Support
- ☐ Other (specify)

Federal Programs

IS THE FAMILY CURRENTLY PARTICIPATING IN OTHER FEDERALLY-SPONSORED PROGRAMS? (check where appropriate)

- ☐ Summer Head Start
- ☐ Full Year Head Start
- ☐ Other Pre-School Program
- ☐ Neighborhood Youth Corps (NYC)
- ☐ Job Corps
- ☐ Upward Bound
- ☐ Public Housing Projects
- ☐ Medicaid
- ☐ Welfare (AFDC)
- ☐ Food Stamps
- ☐ Federal Surplus Commodities
- ☐ Work Incentives Program (WIN)
- ☐ Concentrated Employment Program (CEP)
- ☐ Followthrough
- ☐ High School Equiv. Program (HEP)
- ☐ Other (specify) _____

Children

NAME OF CHILD NO. 1 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 2 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 3 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 4 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 5 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 6 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 7 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 8 _____ (Last Name / First Name / Middle Initial)

DATE OF BIRTH _____ (Month / Day / Year)

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

FAMILY IN-TAKE RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: LYNN PCC, Inc.

LOCATION: LYNN, TEXAS

DATE FORM COMPLETED: 9 (month) | 1 (day) | 72 (year)

Head of Household

NAME OF HEAD OF HOUSEHOLD Mitchell, Robert R.

SEX: Male [X] Female [ ]

SOCIAL SECURITY NUMBER 098-42-6897

Focal Participants

NAME OF FOCAL PARTICIPANT(S) Elizabeth Mitchell [FM]
Maria Welby [FC] Brandon Mitchell [FC]

ADDRESS 820 San Antonio Road (street), Midway (city)
Texas (state) 77892 (zip)

PHONE 612-896-9162 (area code - number)

WHO IS THE ELIGIBLE RECIPIENT FOR PCC SERVICES?

- [ ] A pregnant woman *and* only one focal child
- [X] A pregnant woman *and* more than one focal child

- [ ] Pregnant woman
- [ ] One focal child
- [ ] Two focal children
- [ ] Three or more focal children

WHAT IS THE RELATIONSHIP BETWEEN THE FOCAL CHILD AND THE HEAD OF THE HOUSEHOLD?

- [X] Natural Parent (BRANDON)
- [ ] Foster Parent
- [ ] Adoptive Parent
- [ ] Legal Guardian
- [ ] Grandparent or other relative (if not legal guardian)
- [X] Other (specify) (MARIA's STEPFATHER)

Parents or Guardian

NAME OF PARENT OR GUARDIAN Mitchell (last name), Robert (first name) R. (middle initial)

DATE OF BIRTH 10 (month) | 15 (day) | 44 (year)

- [X] In Household
- [ ] Temporarily Out of Household
- [ ] Permanently Out of Household

HIGHEST GRADE OF SCHOOL COMPLETED BY PARENT OR GUARDIAN (check one)

- [ ] No School
- [ ] 1–6 years
- [ ] 7–8 years
- [X] 9–11 years
- [ ] High School Graduate
- [ ] Some college, business, or vocational education beyond High Sch.
- [ ] College Graduate
- [ ] Advanced Degree(s)

ETHNICITY OF PARENT OR GUARDIAN (check one)

- [ ] Mexican-American
- [ ] Puerto Rican
- [X] Other Caucasian
- [ ] Black
- [ ] American Indian
- [ ] Native Alaskan
- [ ] Polynesian
- [ ] Oriental
- [ ] Other (specify) _____

Name of Spouse

NAME OF SPOUSE Mitchell (last name) Elizabeth (first name) K. (middle initial)

DATE OF BIRTH 6 (month) 13 (day) 85 (year)

- [X] In Household
- [ ] Temporarily Out of Household
- [ ] Permanently Out of Household

HIGHEST GRADE OF SCHOOL COMPLETED BY SPOUSE (check one)

- [ ] No School
- [ ] 1–6 years
- [X] 7–8 years
- [ ] 9–11 years
- [ ] High School Graduate
- [ ] Some college, business, or vocational education beyond High Sch..
- [ ] College graduate
- [ ] Advanced Degree(s)

ETHNICITY OF SPOUSE (check one)

- [ ] Mexican–American
- [ ] Puerto Rican
- [X] Other Caucasian
- [ ] Black
- [ ] American Indian
- [ ] Native Alaskan
- [ ] Polynesian
- [ ] Oriental
- [ ] Other (specify) _____

Housing Status

THE FOLLOWING QUESTIONS ARE ABOUT THE HOUSE THE CHILD IS LIVING IN NOW:

HOUSING STATUS (check one)

- [ ] Public Housing
- [X] Renting, not Public Housing
- [ ] Own a Home
- [ ] Buying a Home
- [ ] Sharing a Housing Unit
- [ ] Temporary Housing
- [ ] Other (specify) _____

HOW FAR AWAY FROM THE PCC IS THE PARTICIPANT LIVING (check one):

- [ ] Less than 1.0 mile
- [ ] 1.0 through 3.0 miles
- [ ] 3.1 through 6.0 miles
- [ ] 6.1 through 9.0 miles
- [X] 9.1 through 12.0 miles
- [ ] 12.1 through 15.0 miles
- [ ] More than 15 miles

HOW MANY ROOMS ARE THERE IN THE HOUSE OR APARTMENT? FIVE

WHAT IS THE TOTAL NUMBER OF ROOMS USED FOR SLEEPING? TWO

LANGUAGE MOST OFTEN SPOKEN IN THE HOME: ENGLISH

Family Size and Income

TOTAL NUMBER OF MEMBERS IN THE HOUSEHOLD 5

TOTAL FAMILY ANNUAL INCOME (for past year) $ 3,200 [ ] FARM [X] NON-FARM

PRIMARY SOURCE (LARGEST SOURCE) OF FAMILY INCOME OVER THE PAST YEAR (check one):

- [X] Employment
- [ ] Unemployment Compensation
- [ ] AFDC
- [ ] Public Assistance
- [ ] Social Security
- [ ] Workman's Compensation
- [ ] Veteran's Pension
- [ ] Military Salary
- [ ] Alimony or Child Support
- [ ] Other (specify)

Federal Programs

IS THE FAMILY CURRENTLY PARTICIPATING IN OTHER FEDERALLY-SPONSORED PROGRAMS? (check where appropriate)

- [X] Summer Head Start
- [ ] Full Year Head Start
- [ ] Other Pre-School Program
- [ ] Neighborhood Youth Corps (NYC)
- [ ] Job Corps
- [ ] Upward Bound
- [ ] Public Housing Projects
- [ ] Medicaid
- [ ] Welfare (AFDC)
- [X] Food Stamps
- [ ] Federal Surplus Commodities
- [ ] Work Incentives Program (WIN)
- [ ] Concentrated Employment Program (CEP)
- [ ] Followthrough
- [ ] High School Equiv. Program (HEP)
- [ ] Other (specify) _____

Children

NAME OF CHILD NO. 1 Welby, MARIA L.
Last Name First Name Middle Initial

DATE OF BIRTH 11-27-69
Month / Day / Year

SEX ☐ MALE ☒ FEMALE FOCAL CHILD ☒ YES ☐ NO

HANDICAPS (Specify) HEARING IMPAIRMENT

NAME OF CHILD NO. 2 Mitchell, BRANDON D.
Last Name First Name Middle Initial

DATE OF BIRTH 3-15-71
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 3 Welby, DIANE K.
Last Name First Name Middle Initial

DATE OF BIRTH 4-18-68
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 4 _____
Last Name First Name Middle Initial

DATE OF BIRTH _____
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 5 _____
Last Name First Name Middle Initial

DATE OF BIRTH _____
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 6 _____
Last Name First Name Middle Initial

DATE OF BIRTH _____
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 7 _____
Last Name First Name Middle Initial

DATE OF BIRTH _____
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

NAME OF CHILD NO. 8 _____
Last Name First Name Middle Initial

DATE OF BIRTH _____
Month / Day / Year

SEX ☐ MALE ☐ FEMALE FOCAL CHILD ☐ YES ☐ NO

HANDICAPS (Specify) _____

INSTRUCTIONS FOR FILLING OUT T

FAMILY IN-TAKE RECORD

This record is a three page profile of family characteristics to be completed by an interviewer when a family applies for enrollment in the program. The form identifies the head of household, parents or guardian, focal participants, and all other children under 18 years of age. The form also provides basic information on the personal, educational and occupational background of participants for PCC staff who work with the family, as well as vital statistical information regarding characteristics of participants in the program for quarterly reporting.

SUGGESTED PROCEDURE

An In-Take Record should be completed for all families currently enrolled in the PCC and filed with a Family Enrollment Record in individual family folders. An In-Take Record might also be filled out for all families who apply for enrollment at the time they apply and filed separately under "Participant Families: Applications". Review and update all Family In-Take Records during the month of September. Keep outdated forms in the family's permanent file for future reference.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Family In-Take Record that may not be self-explanatory.

PCC NAME

Indicate here the official name of the Parent-Child Center.

PCC LOCATION

Indicate here the name of the specific program site from which the participant will be served.

DATE

Enter the date the form is completed whether this is done at the time of application, enrollment or annual update (when a new form may be filled out to record changes).

UPDATE

In the upper left hand corner of the form, record the date on which the annual review was completed and changes were made. If a new record is completed, mark the old one "outdated" and keep it in the family's folder.

HEAD OF HOUSEHOLD

NAME OF HEAD OF HOUSEHOLD

Print the full name of the person who is considered by members of the family to be the head of household. The head of household may be the parent, guardian or other family member who is primarily responsible for the support of the family. Do not name as head of household any one who is not living in the household.

FOCAL PARTICIPANTS

NAME OF FOCAL PARTICIPANTS

Indicate here the name of eligible focal participants who are applying for enrollment in the PCC program or who have already been accepted by the PCC as focal participants. Include both focal mother and focal children if they will receive services as PCC participants. Place the initials FM after a focal mother's name and the initials FC after each focal child's name.

- Focal Mother -- A woman who is pregnant and thereby qualifies the family for PCC services.
- Focal Child -- A child who is under three years of age and thereby qualifies the family for PCC services.

RELATIONSHIP BETWEEN FOCAL CHILD AND HEAD OF HOUSEHOLD

Indicate here whether the head of household is the child's

- Natural Parent -- The parent to whom the child was born.
- Foster Parent -- The parent who is legally foster parent and who is responsible for the child's care.
- Adoptive Parent -- The parent who has legally adopted the child and who is responsible for the child's care.
- Legal Guardian -- The person who has been appointed the child's legal guardian and who is responsible for the child's care.
- Grandparent or Other Relative, If Not Legal Guardian -- The person, other than legal parent or guardian, who is related to the child and who is responsible for the child's care.
- Other -- If none of the above is applicable, check the "Other" category.

If there is more than one focal child and the relationship between head of household and focal children is the same, indicate the relationship as if it were one child. If there is more than one focal child and the relationship between head of household and focal children is different, check the category which applies to each child and write the child's name in parenthesis.

PARENTS, GUARDIAN OR SPOUSE

IN HOUSEHOLD, TEMPORARILY OUR OF HOUSEHOLD, PERMANENTLY OUT OF HOUSEHOLD

Indicate here if the persons named as parent, guardian or spouse live

- In Household -- Check this category if the individual is a permanent resident of the household.
- Temporarily Out of Household -- Check this category if the individual is working in another location, migrating, on short term employment elsewhere, institutionalized (i.e., sanatariums, prisons, hospitals), away at job training or school, in military service, or temporarily out of the household for other reasons.
- Permanently Out of Household -- Check this category if the individual is permanently out of the household for whatever reason, or if the spouse is deceased, divorced or separated.

HIGHEST GRADE OF SCHOOL COMPLETED

Indicate here the highest grade of school completed by checking one of the appropriate boxes. Satisfactory completion of any equivalency tests qualify for appropriate grade completion.

ETHNICITY

Determine the ethnicity of the applicant by asking the applicant of which ethnic origin he considers himself to be. Three of the ethnic origin groups are further defined below.

- Other Caucasians -- Include all caucasians other than those of Puerto Rican and Mexican-American origin.
- American Indian -- Persons who are on the tribal roles
- Native Alaskan -- Of native Alaskan or Eskimo origin, including the Tlinget, Athapascan, Aleut, and Haida
- Polynesian -- Of Hawaiian or other Pacific Island origin
- Other -- May include persons of Philippine and Arabian origin; natives of India and Pakistan or persons or mixed origin.

HOUSING STATUS

TYPE OF HOUSING

Indicate here the type of housing the family is living in. Put a check in only one of the appropriate boxes.

A housing unit is an apartment, group of rooms, or single room, which is occupied as separate living quarters; that is, the occupants do not live and eat with other persons in the structure. Trailers, tents, boats, and railroad cars are included if they are occupied as living quarters.

- Public Housing -- Housing which is owned, operated, and rented out by a local, state or federal agency.
- Renting, Not Public Housing -- Housing which is owned, operated, and rented out by a private person or agency.
- Own A Home -- Housing which is fully owned and not under the obligation of a mortgage.
- Buying A Home -- Housing which is not fully owned and is under the obligation of a mortgage.
- Sharing A Housing Unit -- Housing which is shared with another family or families, whether rented or owned, public or private.
- Temporary Housing -- Housing which provides a temporary place of dwelling for the family whether public or private. "Temporary" implies that the family is in transition between moving out of one housing unit and into another.
- Other -- All other housing not defined above (e.g., housing which is operated by an institution, including sanatariums, orphanages, foster homes, boarding schools, domitories, and the like).

NUMBER OF ROOMS IN THE HOUSE OR APARTMENT

Indicate the total number of rooms in the housing unit. Include kitchens, bedrooms, dining areas, and living rooms. DO NOT include closets, hallways, bathrooms, utility rooms, attics, or basements that are not used as living space.

TOTAL NUMBER OF ROOMS USED FOR SLEEPING

Indicate the total number of rooms used for sleeping. For example, if a member of the household sleeps in any room of the house, include that as a bedroom. Also include as bedrooms any attic space or basement space where members of the household regularly sleep.

LANGUAGE MOST OFTEN SPOKEN IN THE HOME

Indicate the language which is normally used in the home to conduct daily routines. For example, if business affairs out of the home are normally conducted in English, but Spanish is spoken in the home, indicate Spanish in this category.

FAMILY SIZE AND INCOME

TOTAL NUMBER OF MEMBERS IN THE HOUSEHOLD

Include the natural parent(s) or their substitutes* and all their children under 18 who may be: natural children, foster children, adopted children, children under legal guardianship, and other children for whom these parents are financially responsible on a regular basis. Other persons, both related and unrelated, who live with the family may also be included if the head of household is primarily responsible for their support.

Do not include persons sharing the same housing unit who consider themselves a separate family unit and would name a different person as head of household.

NOTE: For the purpose of the MIS, this figure is used to calculate total number of possible PCC participants as reported on the Quarterly Report on Participant Characteristics. It is assumed that anyone in the family or household may at some time receive social, economic or health services from the Parent Child Center.

TOTAL FAMILY INCOME

Record the family's income for the previous calendar year or the twelve months prior to enrollment. Income is defined as regular gross cash income from any source before taxes. Include windfall gains such as inheritances and all tax free income such as AFDC, veterans benefits, public assistance, social security benefits and so forth. Exclude all non-cash income such as the value of food stamps and home grown food. For the self employed, include only income after deductions for business expenses.

The total family income, will be used to determine eligibility for participation in the PCC program. For the purpose of OCD eligibility guidelines, only the income of parents who are contributing to the support of the child should be included in total family income. New OCD eligibility guidelines are forthcoming and will include more detailed definitions of what constitutes family income. When these guidelines are available, they should be used to determine total family income.

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*Foster parents, adoptive parent, legal guardian, grandparent, other relative.

FARM/NON-FARM

To be classified as "FARM", the family must be residing on a farm on which a substantial amount of home-grown produce is raised for the family's own consumption.

PRIMARY SOURCE OF FAMILY INCOME

Indicate the largest source of family income over the past year by checking the one appropriate box. If the income is received from more than one of the sources given, mark only the one box which shows that source of the greatest income.

CHILDREN

NAME OF CHILD

Give names and information for all children under 18 years of age who are included as members of the household. (See definition for "Total Number of Members in the Household.")

HANDICAPS

Include as handicaps all physical impairments such as congenital defects, loss of limb, speech, hearing or sight impairment, and diagnosed emotional or mental handicaps such as retardation.

PARENT HANDICAPS

Specify parent handicaps on the reverse side of the form. Also record other special information not specifically requested on the form.

FAMILY ENROLLMENT RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

FAMILY ENROLLMENT RECORD

PCC NAME: _____

LOCATION: _____

DATE FORM COMPLETED: [ ] [ ] [ ]
month *day* *year*

Family

NAME OF PARTICIPANT FAMILY _____
last name

NAME CHANGES (if applicable) _____ DATE: _____

ADDRESS _____ PHONE: ___/___
number *street* *apt. number* *area code* *number*

_____
city *state* *zip*

ADDRESS CHANGE _____ DATE: _____
number *street* *apt. number*

_____ PHONE: ___/___
city *state* *zip* *area code* *number*

Contact in Case of Emergency

NAME _____ HOME PHONE: ___/___
area code *number*

ADDRESS _____ BUSINESS PHONE: ___/___
area code *number*

RELATIONSHIP TO FOCAL PARTICIPANTS: _____

Screening Tests

NAME OF PARTICIPANT	TYPE	DATE COMPLETED

Family Enrollment Status

Date Family Enrolled _____ Date Family Terminated _____

Date Family Reinstated _____ Date Family Terminated (After Reinstatement) _____

Total Length of Time Family Participated in PCC Program _____

FAMILY NAME _____

Individual Enrollment Status

FOCAL PARTICIPANT NUMBER 1

NAME: _____
Last Name First Name Middle Initial

☐ FOCAL MOTHER ☐ FOCAL CHILD

DATE OF BIRTH _____
(Month/Day/Year)

DATE OF APPLICATION _____
(Month/Day/Year)

DATE OF ENROLLMENT _____
(Month/Day/Year)

NO LONGER FOCAL PARTICIPANT _____
(Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM _____
(Month/Day/Year)

REASON FOR TERMINATION _____

_____

DATE OF REINSTATEMENT _____
(Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) _____ (Month/Day/Year

REASON FOR TERMINATION _____

_____

FOCAL PARTICIPANT NUMBER 2

NAME: _____
Last Name First Name Middle Initial

☐ FOCAL MOTHER ☐ FOCAL CHILD

DATE OF BIRTH _____
(Month/Day/Year)

DATE OF APPLICATION _____
(Month/Day/Year)

DATE OF ENROLLMENT _____
(Month/Day/Year)

NO LONGER FOCAL PARTICIPANT _____
(Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM _____
(Month/Day/Year)

REASON FOR TERMINATION _____

_____

DATE OF REINSTATEMENT _____
(Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) _____ (Month/Day/Year

REASON FOR TERMINATION _____

_____

FOCAL PARTICIPANT NUMBER 3

NAME: _____
Last Name First Name Middle Initial

☐ FOCAL MOTHER ☐ FOCAL CHILD

DATE OF BIRTH _____
(Month/Day/Year)

DATE OF APPLICATION _____
(Month/Day/Year)

DATE OF ENROLLMENT _____
(Month/Day/Year)

NO LONGER FOCAL PARTICIPANT _____
(Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM _____
(Month/Day/Year)

REASON FOR TERMINATION _____

_____

DATE OF REINSTATEMENT _____
(Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) _____ (Month/Day/Year

REASON FOR TERMINATION _____

_____

FOCAL PARTICIPANT NUMBER 4

NAME: _____
Last Name First Name Middle Initial

☐ FOCAL MOTHER ☐ FOCAL CHILD

DATE OF BIRTH _____
(Month/Day/Year)

DATE OF APPLICATION _____
(Month/Day/Year)

DATE OF ENROLLMENT _____
(Month/Day/Year)

NO LONGER FOCAL PARTICIPANT _____
(Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM _____
(Month/Day/Year)

REASON FOR TERMINATION _____

_____

DATE OF REINSTATEMENT _____
(Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) _____ (Month/Day/Year

REASON FOR TERMINATION _____

_____

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

FAMILY ENROLLMENT RECORD

PCC NAME: LYNN PCC, INC.

LOCATION: LYNN, TEXAS

DATE FORM COMPLETED: 9 (month) | 30 (day) | 70 (year)

Family

NAME OF PARTICIPANT FAMILY: Mitchell (Welby) (last name)

NAME CHANGES (if applicable): _____ DATE: _____

ADDRESS: 82 (number) UPLAND ROAD (street) 28-C (apt. number) PHONE: 612 (area code) / 493-9101 (number)

LYNN (city), TEXAS (state) 77890 (zip)

ADDRESS CHANGE: 820 (number) SAN Antonio ROAD (street) (apt. number) DATE: 6-5-72

Midway (city) TEXAS (state) 77892 (zip) PHONE: 612 (area code) / 896-9162 (number)

Contact in Case of Emergency

NAME: FRED Mitchell HOME PHONE: 612 (area code) / 478-6543 (number)

ADDRESS: 82 South ORDWAY BUSINESS PHONE: 612 (area code) / 791-8013 (number)

RELATIONSHIP TO FOCAL PARTICIPANTS: BROTHER-in-law (FM); Uncle (FC)

Screening Tests

NAME OF PARTICIPANT	TYPE	DATE COMPLETED
MARIA Welby	Medical Exam	10-3-70
"	Speech, Hearing	10-8-70
Elizabeth Mitchell	MEDICAL EXAM	10-8-70
BRANDON Mitchell	MEDICAL EXAM	8-15-71

Family Enrollment Status

Date Family Enrolled: 9-30-70

Date Family Terminated: 5-13-71

Date Family Reinstated: 8-1-71

Date Family Terminated (After Reinstatement): 10-15-72

Total Length of Time Family Participated in PCC Program: 21 months

FAMILY NAME [illegible]

Individual Enrollment Status

FOCAL PARTICIPANT NUMBER 1

NAME: Mitchell, Elizabeth K.
(Last Name, First Name, Middle Initial)

☒ FOCAL MOTHER ☐ FOCAL CHILD

DATE OF BIRTH 6-13-45 (Month/Day/Year)

DATE OF APPLICATION 9-15-70 (Month/Day/Year)

DATE OF ENROLLMENT 9-30-71 (Month/Day/Year)

NO LONGER FOCAL PARTICIPANT 3-15-71 (Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM 5-13-71 (Month/Day/Year)

REASON FOR TERMINATION MOVED

DATE OF REINSTATEMENT 8-1-71 (Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) 10-15-72 (Month/Day/Year)

REASON FOR TERMINATION FAMILY ABOVE INCOME ELIGIBILITY

FOCAL PARTICIPANT NUMBER 2

NAME: Welby MARIA L.
(Last Name, First Name, Middle Initial)

☐ FOCAL MOTHER ☒ FOCAL CHILD

DATE OF BIRTH 11-27-69 (Month/Day/Year)

DATE OF APPLICATION 9-15-70 (Month/Day/Year)

DATE OF ENROLLMENT 9-30-70 (Month/Day/Year)

NO LONGER FOCAL PARTICIPANT 9-15-72 (Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM 5-13-71 (Month/Day/Year)

REASON FOR TERMINATION MOVED

DATE OF REINSTATEMENT 8-1-71 (Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) 9-15-72 (Month/Day/Year)

REASON FOR TERMINATION ENTERED PRIVATE DAY CARE

FOCAL PARTICIPANT NUMBER 3

NAME: Mitchell BRANDON D.
(Last Name, First Name, Middle Initial)

☐ FOCAL MOTHER ☒ FOCAL CHILD

DATE OF BIRTH 3-15-71 (Month/Day/Year)

DATE OF APPLICATION 8-1-71 (Month/Day/Year)

DATE OF ENROLLMENT 8-1-71 (Month/Day/Year)

NO LONGER FOCAL PARTICIPANT (Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM 10-15-72 (Month/Day/Year)

REASON FOR TERMINATION FAMILY ABIVE INCOME ELIGIBILITY

DATE OF REINSTATEMENT (Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) (Month/Day/Year)

REASON FOR TERMINATION

FOCAL PARTICIPANT NUMBER 4

NAME: (Last Name, First Name, Middle Initial)

☐ FOCAL MOTHER ☐ FOCAL CHILD

DATE OF BIRTH (Month/Day/Year)

DATE OF APPLICATION (Month/Day/Year)

DATE OF ENROLLMENT (Month/Day/Year)

NO LONGER FOCAL PARTICIPANT (Month/Day/Year)

DATE OF TERMINATION FROM PROGRAM (Month/Day/Year)

REASON FOR TERMINATION

DATE OF REINSTATEMENT (Month/Day/Year)

DATE OF TERMINATION (AFTER REINSTATEMENT) (Month/Day/Year)

REASON FOR TERMINATION

INSTRUCTIONS FOR FILLING OUT THE

FAMILY ENROLLMENT RECORD

This two page form is to be completed when a family is accepted for enrollment in the program. The record documents the family's current and past status with the program, including dates of application, enrollment, termination and reinstatement for individual participants and the family as a whole. The form provides up-to-date information on the number of focal participants and families enrolled in the program as well as information for reporting purposes regarding participant turnover.

SUGGESTED PROCEDURE

A Family Enrollment Record should be completed for all families currently enrolled in the program and filed, together with a Family In-Take Record, in a separate folder for each participant family. A form should also be completed for each applicant family, at the time they are officially enrolled. Changes (including name, address, phone, new participants, termination as a focal participant, terminations from the program, and reinstatements) should be recorded as they occur. Review and update all enrollment records during the month of September. Keep outdated forms in the family's permanent file for future reference.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Family Enrollment Record that may not be self-explanatory.

PCC NAME

Indicate the official name of the Parent-Child Center

PCC LOCATION

Indicate the name of the specific program site from which the participant will be served.

DATE

Enter the date the form is completed whether this is done at the time of enrollment or annual update (when a new form may be required to record changes)

UPDATE

In the upper left hand corner of the form, record the date on which the annual review and update of the form were completed. If a new record is filled out, mark the old one "outdated" and keep it in the family's folder.

NAME OF PARTICIPANT FAMILY (LAST NAME)

Indicate the last name of the participant who is considered to be the head of the household and who is identified as head of household on the Family In-Take Record. Record the last name of focal participants in parentheses if different from the head of household.

SCREENING TESTS

Record here all tests required before or upon a focal participant's enrollment in the program and indicate the dates when completed. Typical screening tests include medical exams, speech, hearing and vision tests, cognitive skills exams and other evaluative and developmental tests.

FAMILY ENROLLMENT STATUS

The box on the bottom of the first page should be used to record the date on which the family as a whole first enrolled in the PCC program, the date on which the family left the program, and the total length of time the family participated in the program. (The second page should be used to record the application, enrollment and termination dates for individual focal participants in that family).

- Date Family Enrolled -- The date recorded here should correspond with the date of enrollment recorded under the first focal participant listed on the second page.
- Date Family Terminated -- The date recorded here should correspond with the date of termination recorded under the last focal participant listed on the second page.
- Total Length of Time in Program -- Count the number of months elapsed between the date the first focal participant enrolled in the PCC and the date the last focal participant in the family left the program. In the case of a terminated family who was previously terminated and reinstated, add the number of months elapsed between "Date of Enrollment" and "Date of Termination" to the total number of months elapsed between "Date of Reinstatement" and "Date of Termination (after Reinstatement)."

INDIVIDUAL ENROLLMENT STATUS

This sheet should be used to record the dates of application, enrollment and termination for each focal participant (a pregnant woman or a child under three years of age) in the family. Not all focal participants in each family would necessarily be enrolled and terminated at the same time. The boxed area should be used to record the date on which the person named can no longer be considered a focal participant.

DATE OF APPLICATION

Indicate the date that the participant made written application for participation in the Parent and Child Center Program.

NO LONGER FOCAL PARTICIPANT

Indicate the date when a pregnant woman gives birth or when a child reaches age three and thereby no longer qualifies as a focal participant. This does not necessarily indicate termination from the program.

REASON FOR TERMINATION

Indicate the reason the participant left the PCC Program. Reasons for termination include:

- Moving from the service area
- Lack of transportation
- No longer a focal child
- Illness (Self or Family)
- Lack of interest
- Family income above level of eligibility
- Language barrier
- Other (specify)

EMPLOYEE IN-TAKE RECORD

EMPLOYEE IN-TAKE RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

DATE: [ ] [ ] [ ]
month day year

EMPLOYEE'S NAME _____
last first middle

BIRTHDATE [ ] [ ] [ ]
month day year

BIRTH PLACE _____
city state country

SOCIAL SECURITY NUMBER [ ]

NUMBER OF DEPENDENTS (other than self) _____

PRESENT ADDRESS: _____

_____ PHONE ___/___
area code

CHANGED ADDRESS: _____

_____ PHONE ___/___
area code

CONTACT IN EMERGENCY: _____
name

Home Phone: _____ Business Phone: ___/___

Relationship to Employee: _____

WHAT LANGUAGES (other than English) DO YOU SPEAK FLUENTLY?

- ☐ None
- ☐ French
- ☐ Spanish
- ☐ Other (specify)

SEX: ☐ Male ☐ Female

ETHNICITY:

- ☐ Mexican-American
- ☐ Puerto Rican
- ☐ Other Caucasian
- ☐ Black
- ☐ American Indian
- ☐ Native Alaskan
- ☐ Polynesian
- ☐ Oriental
- ☐ Other (specify) _____

EDUCATION:

- ☐ No School
- ☐ 1–6 years
- ☐ 7–8 years
- ☐ 9–11 years
- ☐ High School Graduate
- ☐ Some College, Business, or Vocational Ed. beyond High School
- ☐ College Graduate
- ☐ Advanced Degree(s)

DO YOU LIVE IN THE NEIGHBORHOOD NEAR THE PCC?

☐ Yes ☐ No

IS YOUR FAMILY PARTICIPATING IN THE PARENT AND CHILD CENTER PROGRAM?

☐ Yes ☐ It did, but is no longer participating ☐ No

FOR WHICH POSITION ARE YOU APPLYING? _____

HOW MUCH PREVIOUS EXPERIENCE HAVE YOU HAD WITH PRE-SCHOOLERS, OTHER THAN AS A PARENT OR AS AN OCCASIONAL BABYSITTER? *MARK THE APPROPRIATE BOXES:*

	VOLUNTEER	PAID	INTERN
None or less than 6 months	☐	☐	☐
6 months – 2 years	☐	☐	☐
3 years – 5 years	☐	☐	☐
Over 5 years	☐	☐	☐

Have you had previous experience with Educational Programs for Pre-School Children?

☐ Yes ☐ No

Have you had special training or experience in Health Care of Pre-School Children?

☐ Yes ☐ No

Last Employer

COMPANY NAME: _____

ADDRESS _____
street

_____
city state zip

PHONE NUMBER ___/___
area code number

SUPERVISOR: _____

DATES OF EMPLOYMENT: ___/___/___ to ___/___/___

SALARY (per week) $ _____

POSITION HELD _____

A REFERENCE OTHER THAN YOUR LAST EMPLOYER:

NAME _____

ADDRESS _____
city state zip

ADDRESS _____
street

PHONE NUMBER ___/___
area code number

Abt Associates Inc 6/72

EMPLOYEE LAST NAME _____

FOR OFFICE USE ONLY

Date of Application _____ *month day year*

Date of Employment _____ *month day year*

Date of Termination _____ *month day year*

Date of Reinstatement _____ *month day year*

Date of Termination (after reinstatement) _____ *month day year*

Initial Position Applied for _____

Job Title/Position _____

Reason for Termination _____

Job Title/Position _____

Reason for Termination _____

EMPLOYEE ADVANCEMENT

JOB TITLE	DATE	ANNUAL SALARY OR HOURLY WAGE		SALARY PAID BY (check one)			STATUS (check one)		TYPE (check one)		STAFF CATEGORY (check one)		
				PCC	PCC & Other Agency	Other	Part Time	Full Time	Prof.	Non-Prof.	Admin.	Direct Service	Support

TRAINING

DATES	TYPE OF TRAINING OR COURSE WORK	WHO PROVIDED TRAINING?

EMPLOYEE IN-TAKE RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: Lynn PCC, Inc.

LOCATION: Lynn, TEXAS

DATE: 9 (month) | 12 (day) | 70 (year)

EMPLOYEE'S NAME: SCOTT (last) PATRICK (first) R. (middle)

BIRTHDATE: 2 (month) | 12 (day) | 38 (year)

BIRTH PLACE: PORTLAND (city) OREGON (state) USA (country)

SOCIAL SECURITY NUMBER: 621-32-4918

NUMBER OF DEPENDENTS (other than self): TWO

PRESENT ADDRESS: 42 West Main Street

LYNN, TEXAS PHONE 612 / 491-0953 (area code)

CHANGED ADDRESS: _____

_____ PHONE / (area code)

CONTACT IN EMERGENCY: OLGA CHAVEZ (name)

Home Phone: 491-2345 Business Phone: —

Relationship to Employe: MOTHER-IN-LAW

SEX: ☒ Male ☐ Female

ETHNICITY:

- ☐ Mexican-American
- ☐ Puerto Rican
- ☒ Other Caucasian
- ☐ Black
- ☐ American Indian
- ☐ Native Alaskan
- ☐ Polynesian
- ☐ Oriental
- ☐ Other (specify) _____

EDUCATION:

- ☐ No School
- ☐ 1–6 years
- ☐ 7–8 years
- ☐ 9–11 years
- ☐ High School Graduate
- ☐ Some College, Business, or Vocational Ed. beyond High School
- ☒ College Graduate
- ☐ Advanced Degree(s)

DO YOU LIVE IN THE NEIGHBORHOOD NEAR THE PCC?

☒ Yes ☐ No

IS YOUR FAMILY PARTICIPATING IN THE PARENT AND CHILD CENTER PROGRAM?

☐ Yes ☐ It did, but is no longer participating ☒ No

WHAT LANGUAGES (other than English) DO YOU SPEAK FLUENTLY?

☐ None ☒ Spanish
☐ French ☐ Other (specify)

FOR WHICH POSITION ARE YOU APPLYING? PCC DIRECTOR

HOW MUCH PREVIOUS EXPERIENCE HAVE YOU HAD WITH PRE-SCHOOLERS, OTHER THAN AS A PARENT OR AS AN OCCASIONAL BABYSITTER? *MARK THE APPROPRIATE BOXES:*

	VOLUNTEER	PAID	INTERN
None or less than 6 months	☐	☐	☐
6 months – 2 years	☒	☐	☒
3 years – 5 years	☐	☒	☐
Over 5 years	☐	☐	☐

Have you had previous experience with Educational Programs for Pre-School Children?
☒ Yes ☐ No

Have you had special training or experience in Health Care of Pre-School Children?
☐ Yes ☒ No

Last Employer

COMPANY NAME: Neighborhood Centers Assoc.

ADDRESS 1430 Hunt TRAIL (street)

SAN Antonio (city) TEXAS (state) 77986 (zip)

PHONE NUMBER 513 / 826-5011 (area code / number)

SUPERVISOR: James L. BARRY

DATES OF EMPLOYMENT: 9/4/66 to 5/10/69

SALARY (per week) $ 200

POSITION HELD ASSISTANT DIRECTOR

A REFERENCE OTHER THAN YOUR LAST EMPLOYER:

NAME GREG POTTER

ADDRESS PORTLAND (city) OREGON (state) 99238 (zip)

ADDRESS 1723 Wendall Street (street)

PHONE NUMBER 321 / 496-8709 (area code / number)

1

Parent Child Center Programs
Office of Child Development
U.S. Department of HEW

EMPLOYEE LAST NAME SCOTT

FOR OFFICE USE ONLY

Date of Application 8-22-70 (month day year)
Date of Employment 9-12-70 (month day year)
Date of Termination 6-15-71 (month day year)
Date of Reinstatement 10-1-71 (month day year)
Date of Termination (after reinstatement) (month day year)

Initial Position Applied for DIRECTOR
Job Title/Position PCC DIRECTOR
Reason for Termination Illness
Job Title/Position PCC DIRECTOR
Reason for Termination 1

EMPLOYEE ADVANCEMENT

JOB TITLE	DATE	ANNUAL SALARY OR HOURLY WAGE	SALARY PAID BY (check one)			STATUS (check one)		TYPE (check one)		STAFF CATEGORY (check one)		
			PCC	PCC & Other Agency	Other	Part Time	Full Time	Prof.	Non-Prof.	Admin.	Direct Service	Support
DIRECTOR	9-70	12,000	✓				✓	✓		✓		
SAME	6-71	12,600	✓				✓	✓		✓		
SAME	6-72	13,100	✓				✓	✓		✓		

TRAINING

DATES	TYPE OF TRAINING OR COURSE WORK	WHO PROVIDED TRAINING?
1/71 - 6/71	GRADUATE COURSE IN Child Development	Univ. of Texas
9/71 - 6/72	COURSE WORK FOR MASTERS in Education	Univ. of Texas
6/72 - 7/72	RED CROSS FIRST AID - EMERGENCY CARE	YMCA

INSTRUCTIONS FOR FILLING OUT THE

EMPLOYEE IN-TAKE RECORD

The employee In-Take Record is a two page form containing key personal, educational and occupational information about the job applicant or new employee, including past employment and related work experience. The second portion is to be completed only when an applicant is hired. It serves as a record of the employee's status, including job description, salary, advancements, additional training and termination. The form provides a concise record of the employee's movement within the PCC program as well as vital staff turnover data for reporting purposes.

SUGGESTED PROCEDURE

This form should be filled out for each permanent* paid staff member of the PCC (full and part-time, professional or non-professional) whether paid in full or in part by the PCC. Employee In-Take Records should be filed in individual staff folders together with other appropriate records. Record changes (address, phone, job title, position, salary) on the form as they occur. An In-Take Record may also be completed for job applicants when they apply for a position as well as for all new employees. The Employee In-Take Record must be reviewed annually in September and updated as necessary. Keep outdated forms in the employee's permanent file for future reference.

Do not complete Employee In-Take Records for volunteers, consultants, temporary or occasional workers, and other persons who are not considered regular staff members. As a rule of thumb, permanent full- and part-time staff would include only those persons who are on the PCC payroll and who receive typical employee benefits such as life insurance, health insurance, vacation pay, sick pay and the like. Some programs may include employees who, by all criteria except payment mechanism, are considered permanent employees. For example, day home mothers who are permanent full time employees, but paid on a consultant basis, should be included.

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*NOTE: Permanent in this case does not mean that the employee must have met all requisite agency criteria prior to receiving civil service or agency status as a permanent employee. Rather, it means that the employee is not an occasional worker who substitutes or meets a temporary need, but one who is considered to be a regular staff member.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the "Employee In-Take Record" that may not be self-explanatory.

PCC NAME

Indicate here the official name of the Parent Child Center.

PCC LOCATION

Indicate here the name of the specific program site from which the participant will be served.

DATE

Enter the date the form is completed whether this is done at the time of application, employment or annual update (when a new form may be completed to record changes).

UPDATE

In the upper left hand corner of the form, write in the date on which the annual review and update of the form were completed. If a new record is filled out, mark the old one "outdated" and keep it in the files.

DEPENDENTS

Indicate the total number of persons dependent on the applicant for their principal support.

ETHNICITY

Determine the ethnicity of the applicant by asking the applicant of which ethnic origin he considers himself to be. Three of the ethnic origin groups are further defined below.

- Other Caucasian -- Include all caucasians other than those of Puerto Rican and Mexican-American origin
- American Indian -- Persons who are on the tribal rolls
- Native Alaskan -- Of native Alaskan or Eskimo origin, including the Tlingit, Athapascan, Aleut, and Haida
- Polynesian -- Of Hawaiian or other Pacific Island origin
- Other -- May include persons of Philippine, and Arabian origin; natives of India and Pakistan or persons of mixed origin.

EDUCATION

Indicate here the highest grade of school completed by the applicant by checking one of the appropriate boxes. Satisfactory completion of any equivalency tests qualify for appropriate grade completion.

NEIGHBORHOOD NEAR THE PCC

Indicate whether the applicant lives in the neighborhood considered the service area of the Parent and Child Center.

WHAT LANGUAGES (OTHER THAN ENGLISH) DO YOU SPEAK?

Indicate the language, other than English, that the applicant can speak fluently. Do not consider fluent writing or reading language skills.

POSITION APPLYING FOR

Indicate the position for which the applicant is applying. If no job title has been assigned to the desired position, write in a short description of the responsibilities of the position.

EXPERIENCE WITH PRESCHOOLERS

Indicate the amount of experience the applicant has had working with preschoolers. For each type of experience listed--intern (student teacher, aide, or other), paid employee, or volunteer--check the appropriate length of time.

LAST EMPLOYER SALARY:

Indicate the applicant's weekly salary while employed with the most recent employer.

REASON FOR TERMINATION

Indicate why the employee left the PCC program. Be as specific as possible. Reason for termination include:

- Moving
- Better Job
- Further Education
- Pregnancy
- Health
- Retirement
- Dismissal
- Personal Reasons
- Other

EMPLOYEE JOB TITLE

Indicate the employee job title. If official titles have not been assigned by the PCC administrators, write a short description of the job responsibilities. For example, reading teacher, child development specialist, program administrator, custodian, secretary, cook, or other. (These titles are typically given in the PCC's budget.)

PROFESSIONAL

Include administrative and managerial personnel, accountant, head bookeeper, teacher, psychologist, therapists, social worker, nutritionist, licensed medical or dental personnel, other specialists, and all other staff who perform roles which generally require licensing or certification.

NON-PROFESSIONAL

Include all aides, secretarial staff, clerks, bookkeeper, chauffeurs, maintenance workers, cook, housekeeper, aides, and other support staff.

STAFF CATEGORY

Each staff member should be classified according to his/her primary area of responsibility in one of the following categories. Although some staff members may serve in two different capacities, you should count them in only one staff category.

- Administrative Staff -- Persons who are principally responsible for overall program management and administration, including the director, assistant director, data coordinator, office manager, public relations personnel, accountant and head bookkeeper. Do not include administrative support personnel.
- Direct Service Staff -- Persons who supervise, or who are primarily responsible for, the delivery of direct services. (Direct services include Child Supervision and Education; Parent Education and Training; Social and Economic Services to the family; In-Take, Evaluation and Referral; Health Services; Food Services; and Community Organization). Include head teacher, teacher, infant educator, licensed medical & dental personnel, social workers, therapists, child development specialists, nutritionist, and cook. Also include social worker aides, teacher aides, healthe aides, and other associated staff.
- Support Staff -- Persons primarily involved in maintenance, housekeeping and transportation activities and all administrative support staff. Include chauffers, bus drivers, transportation aides, custodians, housekeeper, secretary, receptionist, bookkeeper, clerk-typist, and other associated staff.

TRAINING OR COURSE WORK

Indicate here all up-grade training and formal course work undertaken by the employee during the time she/he is employed by the PCC. Include high school, GED equivalency work, college courses, and extension and correspondence courses completed during the time of employment. Include specialized or formal training provided by Red Cross, hospitals, YMCA, clubs or community centers. Private skill training may be included if such training relates to employee job performance (such as piano or art lessons, skill training in accounting, writing, budgeting, etc.).

Do not include in-service training if provided by the PCC staff. List start-up training and orientation only if the employee was paid to attend and the training provided skills and understanding in child development health care, nutrition, etc.

WHO PROVIDED TRAINING

In most cases, institutions or agencies will provide formalized training. Only if training was private and not associated with a school, agency, or other institution should the teacher's name be identified.

DATE OF TRAINING

Date of training should include month, day and year if formal training session, workshop or conference took place on specific dates.

For high school or college work which occurred for more than one month, record time span of training (for example, May-August, 1972).

For private instructions, follow guidelines described above for formal training.

WEEKLY FAMILY SERVICE RECORD

WEEKLY FA LY SERVICE RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME _____

LOCATION _____

FAMILY NAME _____

QUARTER ENDING [ ][ ][ ]
month day year

SERVICES PROVIDED Record the Total Number of Times Services Provided Each Week			Visited in Home by PCC Staff	[Telephone Contact]	[Attempted Visit]	Infant Education (Group Setting)	Infant Education (Individual)	Programs for Siblings	Interaction Sessions	Parent-Child	Meals	Snacks	Family Counseling	Housing Assistance and Home Repairs	Babysitting	Transportation	Other Direct Social, Econ. and Health Services	Referrals to Social, Econ. and Health Services	Parent Education and Training
WEEK	1	ENDING:	/ /																
	2		/ /																
	3		/ /																
	4		/ /																
	5		/ /																
	6		/ /																
	7		/ /																
	8		/ /																
	9		/ /																
	10		/ /																
	11		/ /																
	12		/ /																
	13		/ /																
TOTALS FOR QUARTER:																			

PARENT EDUCATION AND TRAINING

Place a *CHECK* in the Box for Each Type of Education/Training in which Parent(s) Participated During Quarter	Child Development	Family Life Education and Planning	Consumer Education	Health Education	GED (High School Equivalency)	oral communication in reading, writing,	Instruction nutrition, hygiene, etc.)	Home Economics (sewing, cooking,	Skill Development	Job Training or	Community Services	Orientation to	Hobbies, Leisure Time, Recreation	Other: (Specify)
MOTHER														
FATHER														

WEEKLY F ILY SERVICE RECORD

Parent Ch. Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME LYNN PCC, Inc.

LOCATION LYNN, TEXAS

FAMILY NAME MITCHELL (Welby)

QUARTER ENDING 9 (month) 30 (day) 72 (year)

WEEK		ENDING:	SERVICES PROVIDED — Record the Total Number of Times Services Provided Each Week	Visited in Home by PCC Staff	[Telephone Contact]	[Attempted Visit]	Infant Education (Group Setting)	Infant Education (Individual)	Programs for Siblings	Interaction Sessions	Parent-Child	Meals	Snacks	Family Counseling	Housing Assistance and Home Repairs	Babysitting	Transportation	Other Direct Social, Econ. and Health Services	Referrals to Social, Econ. and Health Services	Parent Education and Training
	1		7/8/72	1	2	1	7	1				10	10				8	4	2	3
	2		7/15/72	2	2		4	2				8	8	1			8	2		1
	3		7/22/72	1	1		8	2	1	1		14	12				10			3
	4		7/29/72		2															
	5		8/5/72					Family out of town												
	6		8/12/72	1	1		5	1		1		6	6	1	1		8			2
	7		8/19/72	1	1		8	3	1	2		13	7		1		12	2		4
	8		8/26/72	2	2		2	4		1					1		3	4		1
	9		9/2/72		1	1	7	3	1	2		9	9				10			3
	10		9/9/72	1	1		4					5	4	1			6	1	1	2
	11		9/16/72	1			8	3	1	2		13	13			1	12	4		2
	12		9/23/72	2	3	1		2	1	2				1		1	5	2		1
	13		9/30/72	2	2		7	2		2		10	10				12	3	1	3
TOTALS FOR QUARTER:				14	18	3	60	23	5	13		88	79	4	3	2	94	22	4	25

PARENT EDUCATION AND TRAINING

Place a *CHECK* in the Box for Each Type of Education/Training in which Parent(s) Participated During Quarter

	Child Development	Family Life Education and Planning	Consumer Education	Health Education	GED (High School Equivalency)	oral communication in reading, writing,	Instruction nutrition, hygiene, etc.)	Home Economics (sewing, cooking,	Skill Development Job Training or	Community Services Orientation to	Hobbies, Leisure Time, Recreation	Other: (Specify)
MOTHER		✓	✓					✓			✓	
FATHER			✓			✓					✓	

INSTRUCTIONS FOR FILLING OUT THE WEEKLY FAMILY SERVICE RECORD

This record documents all services delivered to an individual family each week during a thirteen week quarter. Categories of service reflect typical PCC activities and represent five general service areas: (1) child education; (2) food services; (3) direct social, economic and health services; (4) referrals; and (5) parent education. The service categories correspond with direct service functions on the Weekly Staff Utilization Record and thus allow linkages to be established between staff time use and service delivery. Over time, the statistical information can serve as an aid in reviewing each family's participation in the program, the appropriateness of services delivered to that family, and overall use of program resources. The records are also the source of summary service data reported quarterly to the national office.

SUGGESTED PROCEDURE

One form should be completed for each participant family and filed in a single folder under "Weekly Family Service Records." Arrange individual records alphabetically by family name. At the end of the quarter, transfer the completed records to each family's individual folder.

PREPARING THE FORMS

A staff member should be responsible for preparing Weekly Family Service Records for all participant families by the first day of the quarter. The heading, including PCC name, location, family name, and date should be filled in on all forms.

COMPLETING THE FORMS

- Services Provided -- Record the number of times individuals in a family or the family as a whole receive each service listed on the form. Read carefully the definitions on the following pages which describe the service categories and explain how to count each service.
- Parent Education and Training -- The number of times parents participate in parent education and training is recorded on the service portion (Services Provided) of this form. Complete the lower section of the form (Parent Education and Training) by placing a check in the box for each type of education or training in which the parents participated. No more than one check should appear in any one box on the lower section of the form (Parent Education and Training). This form is intended to be used for a full quarter.

Space is provided to record services weekly for a thirteen week period. If the quarter runs into the fourteenth week, do not begin a new form. Include service data for the additional few days with the previous week (Week 13).

DEVELOPING A DATA COLLECTION PROCEDURE

No standard procedure is recommended for completing the individual Weekly Family Service Records. Each Parent-Child Center should develop its own collection system based on already existing recordkeeping procedures, staffing patterns, program component organization, and administrative structure. Key staff should meet together to review the Weekly Family Service Record and decide: who will record which data, when the information will be recorded, what other intermediary forms will be necessary, and where the forms will be located. Some programs may work directly with the individual records; other programs may design intermediary forms or charts on which the data is recorded before it is transferred to the individual Weekly Family Service Records. When setting up a procedure, staff should take into consideration daily and weekly "traffic" patterns, customary meeting times and places, as well as the design and location of the physical plant(s). Several alternative collection procedures are outlined below.

Who should record the service data?

- Staff members who provide or supervise the delivery of each service
- Staff members in charge of each program component, each classroom or each service area.
- Staff members assigned to specific families

Caution should be exercised in assigning data collection responsibilities to insure that (1) a single incident of service delivery to a family or individual will not be recorded by more than one staff member even if several staff members are involved and (2) all services provided a family are recorded, especially when several staff working in different components serve the same families.

When should the data be recorded?

- As the service is delivered
- Daily, at the end of the day
- Weekly, at the end of the week
- During the weekly staff meeting
- At the beginning of the following week

If the data is recorded on the Weekly Family Service Record at the end of the week, staff will probably have to work from a journal or some other intermediary form. It is unlikely that staff will be able to remember all services provided and to whom after the week has elapsed without some written documentation.

What other forms will be necessary?

The simplest procedure for completing the Weekly Family Service Record is to work directly with the individual family forms covering thirteen weeks. A record should be prepared for each family at the beginning of a quarter and placed in a central location (bulletin board, clip board, central file) accessible to all staff involved. Staff members would record services they delivered to each family on the appropriate record at the end of each day. This procedure would continue through the end of the quarter when figures are totaled on each record and compiled for the Quarterly Report On Services To Participants II. This system reduces the volume of paper involved and eliminates the need for transfering data from intermediary forms on to each family's individual service record.

Some programs will not be able to work directly with the Weekly Family Service Records. Adjunct forms for recording the data will have to be designed and distributed to appropriate staff members. Several suggestions for implementing an intermediary data collection instrument are outlined below. These forms or charts should be completed on a daily basis. The data would then be transferred by the data coordinator to the individual Weekly Family Service Records.

- Draft a form similar to the Weekly Family Service Record listing all service and education categories across the top. Leave blanks down the left hand column for entering family names. Distribute weekly to appropriate staff who will write in family names and check off services as delivered (see sample format on the following page).

- Draft a form for each program component listing across the top only those service categories applicable to that component. Leave the left hand column blank for entering family names. Proceed as above.

- Draft a form similar to those described above, but type in the names of all families or participants enrolled in the program. Proceed as above.

- Use one of the formats above to design a wall chart for each program component or service area. Proceed as above.

- Write in one of the formats described above on a blackboard in each classroom, program component or service area. Proceed as above.

SAMPLE FORMAT

SERVICES PROVIDED

FAMILY NAME	[Telephone Contact] Visited in Home by PCC Staff	[Attempted Visit]		Infant Education (Group Setting)	Programs for Siblings Infant Education (Individual)	Interaction Sessions	Parent-Child Meals	Snacks	Family Counseling	Housing Assistance and Home Repairs	Babysitting	Transportation	Other Direct Social, Econ. and Health Services	Referrals to Social, Econ. and Health Services	Parent Education and Training
Miller	//			//// ///	///			//// ////	//// ////	/			//// //		////	///
WARNER		//	//	////	//	//	/	//// ///	//// //		/	/	////	/		//
Smith		//	///							//					///	
CARSWELL	/	/	/	///	////			///	///				/	//		/
FREEDMAN	//	/		//// ///	//	//	/	//// ////	//// ////	/						///
ALONZA	/															
GONZALES		//	/	////	/	//	//	//// ///	////		//	//	//// ///	//	//	//
BRIGHT	//	/	/	////	/	//	/	//// /	//// /							//
LORCA		/	///												//	

PARENT EDUCATION AND TRAINING

NAME OF PARENT	Child Development	Family Life Education and Planning	Consumer Education	Health Education	GED (High School Equivalency)	Basic skills in reading, oral communication	nutrition, writing, instruction	Home Economics (sewing, cooking, hygiene, etc.)	Job Training or Skill Development	Orientation to Community Services	Hobbies, Leisure Time, Recreation	Other: (Specify)
MILLER, E.		✓							✓			
Miller, R.											✓	
WARNER, D.		✓			✓							
Smith, R.												
Smith, B.												
CARSWELL, E.		✓										
FREEDMAN, S.						✓						
FREEDMAN, E.		✓										
GONZALES, L.		✓				✓						
BRIGHT, D.		✓									✓	

AT THE END OF THE QUARTER

For each Weekly Family Service Record, calculate the "Totals For the Quarter" for each type of service. These totals will be used in preparing the Quarterly Report on Services to Participants II.

STORAGE

At the end of each quarter, completed Family Service Records should be transferred to each family's individual folder, and new forms distributed to staff.

CENTER SUMMARY SHEET

You may find it useful to summarize the data recorded on individual Family Service Records at the end of each week or at the end of a month. The summary sheet is recommended to facilitate completing the Quarterly Report and to provide a mechanism for reviewing and evaluating services delivered at frequent intervals. A sample Summary Sheet is provided below. For each service category, totals must be calculated from all individual Weekly Family Service Records and transferred to the summary sheet.

Services to Families

NUMBER OF TIMES EACH SERVICE PROVIDED	SERVICE CATEGORY
_____	Visited in Home by PCC Staff
_____	[Telephone Contact]
_____	[Attempted Visits]
_____	Infant Education — Group Setting
_____	Infant Education — Individual
_____	Parent-Child Interaction Sessions
_____	Programs for Siblings
_____	Meals
_____	Snacks
_____	Family Counseling
_____	Housing Assistance and Home Repairs
_____	Babysitting
_____	Transportation
_____	Other Direct Social and Economic Services (Including Health)
_____	Referrals to Social, Economic, and Health Services
_____	Parent Education and Training

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Weekly Family Service Record that may not be self-explanatory.

PCC NAME

Indicate here the official name of the Parent Child Center.

PCC LOCATION

Indicate here the name of the specific program site from which the family will be served.

WEEK ENDING

This will usually be a Friday. If the last day of the quarter falls on a weekday other than a Friday, enter that day here instead.

FAMILY NAME

Indicate the last name of the participant who is considered to be the head of household. This should be the same name which appears as head of household on the Family In-Take Record. Record the last name of focal participants in parentheses if different from the head of household.

VISITED IN HOME BY PCC STAFF

All visits to participants homes, including those scheduled for infant education, home repairs, family counseling, other social and economic services, referrals, and parent education and training may be considered visits in home by PCC staff. Each visit should be counted in this column only once even if several staff members are involved in that visit. The primary service provided during that visit should also be recorded in the appropriate service category.

[Attempted Visits]

Record each unsuccessful attempt to make a home visit. This category was included to credit staff effort to provide services to participants even when unsuccessful.

[Telephone Contacts]

Include each separate telephone call held with a responsible adult of a participant family regardless of who initiates the call.

SERVICES PROVIDED-INDIVIDUAL COUNT

For the following types of service, count the total number of times each individual in the family received the service during the week. For example, if a mother and her two children receive meals twice per week at the center, a total of six (6) meals should be entered on the

service record each week. However, if one of the two children is absent on one of the two days during the week, a total of five (5) meals would be entered on the service record for that week.

INFANT EDUCATION - GROUP SETTING

An educational session which includes activities related to the supervision, stimulation, and educational enrichment of focal children that takes place in a group setting regardless of location. Record the total number of times this service is received by individual focal children each week. Count each session which a child attends at the center or in a home setting as only one service.

INFANT EDUCATION - INDIVIDUAL

Sessions for focal children described above, but in an individualized setting which may be a family home, the PCC, or another site. Count the total number of times this service is received by individual focal children each week. Include only those sessions which are planned and scheduled in advance and which last at least one-half-hour.

PROGRAMS FOR SIBLINGS

Activities and programs developed for older siblings in PCC families, including child care, special summer programs for school age children, teen centers, outings, field trips, etc. You may want to include a description of your program for siblings in a quarterly narrative report. Count the total number of times this service is received each week by each sibling.

PARENT-CHILD INTERACTION SESSIONS

The total number of times the mother and/or father participate in planned group or individual parent-child interaction sessions with a trained PCC staff member, whether in the home, the PCC or another location. Record the total number of times this service is provided each week to each focal child. Count sessions which last at least one-half-hour as one service or count a series of sessions which add up to at least one-half-hour as one service. Do not count these sessions both here and under Infant Education.

MEALS

The total number of meals served under the auspicies of the PCC to program participants. Include well balanced hot or cold meals that are served as breakfast, lunch, or dinner. Count the total number of times this service is provided each week to all family members. Do not include meals served to non-participants and staff.

SNACKS

Milk and cookies, orange juice and crackers, cake and other feedings that do not constitute a complete, well-balanced meal served to participants are to be considered snacks. Snacks may include coffee and cake served during Parent Education classes, at Policy Council meetings, and at other PCC sponsored activities. Count the total number of times this service is provided each week to each family member. Do not count non-participants and staff members served.

TRANSPORTATION

Indicate the number of times transportation was made available to each family member by the PCC. Include regular pick-up and delivery, emergency transportation, transportation to clinics, and doctor's offices, as well as car or bus service provided by or paid for by the PCC. Count the total number of one-way trips provided. Count each time the service is provided to each member of the family each week.

PARENT EDUCATION AND TRAINING

Indicate the total number of times each parent participated in formal education and training programs sponsored by the PCC. The type of program in which each parent participated during the quarter should be checked on the lower portion of the form. Count formal classes as well as informal meetings between trained staff and parents if there is a planned policy of structuring such situations to include suggestions for child rearing practices, nutrition and diet, hygienes, etc. Count as one service only sessions lasting at least one-half hour or a series of meetings focusing on the same subject which amount to at least one-half hour.

SERVICES PROVIDED-FAMILY COUNT

For the following types of service, count only the total number of times the service is provided during the week to each family. Do not count the number of different family members involved. For example, if the PCC distributed clothing to a family one week, the number 1 would be entered on the service record even if more than one member of the family received clothing.

FAMILY COUNSELING

Each attempt to assist families solve problems of home and family life, to adjust to new living conditions, to work toward more independence and self-satisfaction, or to cope with special human problems. Record each time the service is provided to the family each week. Count as one service only sessions lasting at least one-half-hour or a series of meetings focusing on the same issue which amount to at least one-half-hour.

HOUSING ASSISTANCE AND HOME REPAIRS

Count each time the PCC assisted the family in obtaining or securing adequate housing or in conducting physical repairs in or on the home.

BABYSITTING

Count each time babysitting was made available to each family by the PCC. Record only the number of times the service is provided, not the number of children cared for. Count each time the service is provided each week to the family. Babysitting for the children of Policy Council members while Policy Council meetings are being held should be included.

OTHER DIRECT SOCIAL, ECONOMIC AND HEALTH SERVICES

Indicate the total number of times direct social, health and economic services (other than those specified above) were provided by the center to participant families. Such services may include legal aid, homemaker service, laundry service, extermination, distribution of food, clothing and household furnishings, emergency financial aid, loans or other short term income supplements, medical exams, innoculations and other forms of direct assistance to families in solving or improving social, economic and health problems. Include only those services provided directly by the PCC. Referrals would be recorded in the following column "Referrals to Social, Economic and Health Services."

REFERRALS TO SOCIAL, ECONOMIC AND HEALTH SERVICES

Indicate the total number of referrals made by the center to participant families in directing them to social, health, dental, or employment services provided by community or other public or private agencies outside the PCC. Count each time the service is provided only once even if more than one family member is involved. Do not include in-house referrals (e.g., teacher refers parent to PCC social worker). You may include referrals to the advocacy component of a PCC, but do not include referrals made by the advocacy component itself on behalf of PCC participants.

FAMILY HEALTH SERVICES RECORD FOR THE QUARTER

FAMILY HEALTH SERVICES RECORD FOR THE QUARTER

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

FAMILY NAME: _____

QUARTER ENDING: | | | | (month / day / year)

Enter the names of each family member on the appropriate lines. Place *a check* in the box for each type of health service provided by the PCC *or* each type of referral made by the PCC.

NAME OF EACH FAMILY MEMBER / TYPE OF HEALTH SERVICE OR REFERRAL	General Medical Exam	Other General Medical Services	Emergency Health Services	Prenatal Health Services	Family Planning Services	Specialized Physical Health Services (e.g., vision, speech, hearing)	Specialized Physical Diagnosis/Evaluation/Treatment	Dental Exam	Other Dental Services	Provision of Medication	Provision of Equipment (e.g., hearing aid, glasses, orthopedic shoes)	Laboratory Tests (e.g., blood, urine, pregnancy)	Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)	Lead Poisoning Testing /Treatment	Mental Health Services	Innoculations: DPT (last of set)	Polio (last of set)	Rubella	Measles	Mumps	Other (specify):	Cognitive Skills Exam	Other (specify):
Focal Mother																						
Other Parents																						
Other Adults																						
Focal Children																						
Other Children																						

II:E-1

FAMILY HEALTH SERVICES RECORD FOR THE QUARTER

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: LYNN PCC, Inc.

LOCATION: LYNN, TEXAS

FAMILY NAME: Mitchell (Welby)

QUARTER ENDING: 8 (month) 31 (day) 72 (year)

Enter the names of each family member on the appropriate lines. Place *a check* in the box for each type of health service provided by the PCC *or* each type of referral made by the PCC.

	NAME OF EACH FAMILY MEMBER / TYPE OF HEALTH SERVICE OR REFERRAL	General Medical Exam	Other General Medical Services	Emergency Health Services	Prenatal Health Services	Family Planning Services	Specialized Physical Health Services (e.g., vision, speech, hearing)	Specialized Physical Diagnosis/Evaluation/Treatment	Dental Exam	Other Dental Services	Provision of Medication	Provision of Equipment (e.g., hearing aid, glasses, orthopedic shoes)	Laboratory Tests (e.g., blood, urine, pregnancy)	Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)	Lead Poisoning Testing /Treatment	Mental Health Services	Innoculations: DPT (last of set)	Polio (last of set)	Rubella	Measles	Mumps	Other (specify):	Cognitive Skills Exam	Other (specify):
Focal Mother	ELIZABETH	✓			✓	✓					✓													
Other Parents	ROBERT	✓				✓								✓										
Other Adults																								
Focal Children	MARIA (Welby)	✓		✓					✓	✓	✓	✓			✓			✓						
	BRANDON	✓							✓						✓		✓							
Other Children	DIANE (Welby)	✓							✓						✓									

II:E-2

INSTRUCTIONS FOR FILLING OUT THE FAMILY HEALTH SERVICES RECORD FOR THE QUARTER

This record is intended to serve as an indicator of the Parent Child Center's role in providing medical care for its participants. The form documents the type of health services provided by the PCC or the type of referral made by the PCC for individual participants. The form does not constitute a medical history; it should be used to record only services or referrals in which the PCC is directly involved. The record can serve as an aid in reviewing what kinds of health services are being provided to which participants and, given other resources available in the community, whether or not the program is providing needed services.

SUGGESTED PROCEDURE

One form should be completed for each participant family and filed in a single folder under "Family Health Service Records." Arrange individual records alphabetically by family name. At the end of the quarter, transfer the records to each family's individual folder.

PREPARING THE FORM

A staff member should be responsible for preparing Family Health Service Records for all enrolled families by the first day of the quarter. The heading, including PCC name, location, family name and date, should be filled in on all forms. Enter the names of all family members on the individual records.

COMPLETING THE FORM

A form for each family should be completed by the end of the quarter. Place a check in the box for each type of health service provided by the PCC or each type of health referral made by the PCC. No more than one check should appear in any box; even if a particular service is provided to a participant more than once during the quarter. This information may be recorded as services are provided and referrals made or at the end of the quarter.

NOTE: Record only those services and referrals in which the PCC is directly involved. Do not record visits to clinics, hospitals or private practitioners initiated by the families themselves without PCC assistance.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Family Health Services Record that may not be self-explanatory.

PCC NAME

Indicate the official name of the Parent-Child Center.

PCC LOCATION

Indicate the name of the specific program site from which the participant will be served.

FAMILY NAME

Indicate the last name of the participant who is considered to be the head of the household and who is identified as head of household on the Family In-Take Record. Record the last name of focal participants in parentheses if different from the head of household.

QUARTER ENDING

Write in the last day of the quarter for which the record is to be used. The remainder of the form is self-explanatory.

WEEKLY STAFF UTILIZATION RECORD

WEEKLY STAFF UTILIZATION RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

NAME: _____

JOB TITLE: _____

☐ Paid Staff ☐ Consultant

SIGNATURE: _____

	WEEK ENDING					TOTALS MONTH ENDING
	month	month	month	month	month	month
	day	day	day	day	day	day
	year	year	year	year	year	year
Administration: Supervision of Personnel and Management (including clerical)						
Administration: Program Planning and Research						
Administration: Fund Raising						
Child Supervision and Education						
Parent Education and Training						
Social and Economic Services to Family						
In-Take, Evaluation, and Referral						
Health Services						
Food Services						
Community Organization						
Transportation						
(Pure) Research						
Occupancy (Maintenance and House-keeping)						
Staff Development and On-the-Job Training						
TOTAL NUMBER OF HOURS WORKED PER WEEK						

TOTAL NUMBER OF HOURS FOR THE MONTH →

Leave (Vacation, Sick, etc.)						
Advocacy or Non-PCC Funded Programs						

WEEKLY STAFF UTILIZATION RECORD

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: LYNN PCC, Inc.

LOCATION: LYNN, TEXAS

NAME: PAT SCOTT

JOB TITLE: DIRECTOR

☒ Paid Staff ☐ Consultant

SIGNATURE: Pat Scott

	WEEK ENDING					TOTALS MONTH ENDING
	9 month 2 day 72 year	9 month 9 day 72 year	9 month 16 day 72 year	9 month 23 day 72 year	9 month 30 day 72 year	9 month 30 day 72 year
Administration: Supervision of Personnel and Management (including clerical)	4	14	15		18	51
Administration: Program Planning and Research	1	3	3		8	15
Administration: Fund Raising		4	3		5	12
Child Supervision and Education		1	4			5
Parent Education and Training			6			6
Social and Economic Services to Family						
In-Take, Evaluation, and Referral			4		6	10
Health Services						
Food Services						
Community Organization	2	8	5		7	22
Transportation		1	2			3
(Pure) Research						
Occupancy (Maintenance and House-keeping)						
Staff Development and On-the-Job Training	2	12	8		10	32
TOTAL NUMBER OF HOURS WORKED PER WEEK	9	43	50	0	54	156

TOTAL NUMBER OF HOURS FOR THE MONTH

Leave (Vacation, Sick, etc.)		8		40		
Advocacy or Non-PCC Funded Programs						

INSTRUCTIONS FOR FILLING OUT THE WEEKLY STAFF UTILIZATION RECORD

The Weekly Staff Utilization Record is an integral part of the Management Information System. The form is used to document total hours worked at the PCC by paid personnel and the distribution of those hours among program functions. This information is essential for an analysis of PCC resources by functional category as well as for local review of staff assignments, changes over time in staff use, and the expenditure of human resources.

SUGGESTED PROCEDURE

This form should be filled out for all persons who work for and are paid by the PCC at any time during the quarter (full and part-time, professional and non-professional) including the following:

- Staff members paid in full or in part by the PCC
- Consultants and all other individuals not on the staff who are paid fees by the PCC for special services
- Temporary or occasional workers paid from PCC funds.

Do not complete Weekly Staff Utilization Records for the following:

- Persons who perform work for the PCC but are paid by another agency
- Volunteers who do not receive wages for their work
- Staff members who perform work for the PCC component but are wholly paid from Advocacy funds
- Project Advisors and National Program Coordinators
- Contracted Services Personnel.

Volunteer time and hours worked by persons paid by another agency (including Advocacy) should be recorded on a "Donated Service Voucher." Time spent at the PCC by Project Advisors, National Program Coordinators and other representatives of supporting administrative agencies should not be included in MIS records or reports. Do not include employees of companies, corporations or agencies with which the PCC has contracted for food services, transportation and the like.

NOTE: A Staff Utilization Record and a Donated Service Voucher must be completed for those persons who perform work for the PCC but are only partially paid by the PCC for their services. Hours paid by the PCC would be recorded on the Staff Utilization Record, while hours worked for the PCC but paid by another agency would be recorded as a donated service and entered on the voucher.

COMPLETING THE RECORDS

The Data Coordinator should distribute forms (covering one month) to all staff members on the first calendar day of each month. Completed forms covering the previous month should be collected at the same time. At the end of the quarter, compile data from all records (including those for current staff, new staff, terminated staff, reinstated staff, consultants, and temporary employees) and transfer the data to the "Quarterly Staff Utilization Report."

NOTE: It is important to keep Weekly Staff Utilization Records on file for employees terminated during the quarter as their hours and wages must be included on the "Quarterly Staff Utilization Report."

- Permanent Full-and Part-time Employees -- Staff members who work regularly at the PCC should complete their own staff time record. This form is designed to assist employees in assessing the amount of time they spend weekly performing various program functions. Completed records may be filed together in one folder under "Paid Staff" until the data is transferred to the quarterly report. At the end of the quarter, each staff member's records should be transferred to his or her individual permanent folder.
- Other Paid Workers -- A Staff Utilization Record should be filled out for all other paid workers including occasional workers, consultants and other individuals who contract to work for the PCC at the time their services are provided. This may be done by the individuals themselves, their supervisors, the data coordinator, or other appropriate staff members. Completed reports should be filed in folders appropriately marked "Consultants" or "Temporary Employees."

INTRODUCING THE "WEEKLY STAFF UTILIZATION RECORD"

The following procedure for introducing the "Weekly Staff Utilization Record" is suggested. This procedure will be somewhat demanding and time consuming but it will enhance reliability in reporting staff time use.

- Hold a staff meeting to explain the Weekly Staff Utilization Record.
- Define the functional categories by which PCC staff time will be categorized.
- Have each PCC staff member fill out a "Weekly Staff Utilization Record" for the previous week. Collect these forms but do not look at them.

- Have the Director or the Data Coordinator interview each staff member about how they spent their work time last week. (It is probably best if the Data Coordinator and the Director share this responsibility.) The Director or the Data Coordinator should then estimate how each staff member used their work hours during the past week.
- Compare the two sets of reports. Discuss the differences, and come to an understanding about why differences occurred.
- Discuss the results with the total staff. You might explore the implications of the "Staff Utilization Records" for service delivery and center management with the staff as a whole thereby encouraging them to think of service delivery to participants in terms of how the staff spends its time.

HOW TO DISTRIBUTE STAFF TIME AMONG FUNCTIONAL CATEGORIES

Distributing staff time among the fourteen functional categories can be a difficult problem since some activities may be classified in more than one way, depending upon the purpose they are intended to serve. As a rule of thumb, staff should try to report a single activity in only one category. Asking questions such as "What is the primary purpose of this activity?" and "What did I intend to accomplish?" helps to identify the primary objective of the action and, thus, the appropriate functional category. When a single activity is clearly meant to achieve two or more objectives, time spent on that activity must be divided among the appropriate functional categories. For example, the time a teacher spends working with a mother and a child together, in a session designed to educate both participants, would be divided between "Child Supervision and Education" and "Parent Education and Training."

ESTIMATING STAFF TIME USE

Each staff member should distribute his/her staff time among the program functions as accurately as possible. However, no one is expected to keep track of the exact amount of time devoted to every activity during the course of a day. In general, staff members should not worry about accurately distributing time which amounts to less than 5% of total hours worked during the week.

It is highly unusual for an employee to show exactly the same distribution of time use each week. If this occurs, the Director or Data Coordinator should discuss the Record with the employee and clarify reporting procedures.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Staff Utilization Record that may not be self-explanatory.

PCC NAME

Indicate the official name of the Parent-Child Center

PCC LOCATION

Indicate the name of the specific program site from which the participant will be served.

PAID

Check if the employee is paid in part or in full by the PCC.

CONSULTANT

Check for paid consultants and all other persons not on the staff of the PCC who are paid fees and/or expenses, either on a retainer or on an individual contract basis for special services.

WEEK ENDING (MONTH, DAY, YEAR)

Enter the last work day in the week. This will usually be a Friday. Occasionally PCC's operate special programs on weekends.

MONTH ENDING

Enter the last work day of the month in this space.

FUNCTIONAL CATEGORIES

The fourteen functional categories are defined on the following pages. In each of the categories, the definition is followed by titles of staff normally associated with the function.

TOTAL NUMBER OF HOURS WORKED PER WEEK

Each column represents a week. The employee should enter the total number of hours worked each week at the bottom of the column for that week. These same hours should then be distributed among the FUNCTIONAL CATEGORIES (defined on the following pages) which represent the areas in which that time was spent. The number of hours in each FUNCTIONAL CATEGORY in a column should add up to the total number of hours worked in that week, as shown in the bottom box of the column.

All hours worked should be reported on the Weekly Staff Utilization Records, regardless of the nominal number of hours for which the person was hired. Thus, if a staff member was hired to work 40 hours a week, but actually works 50 hours a week, the 50, not the 40, hours should be reported. Total hours worked should include required time at board meetings, required attendance at evening and weekend functions, time spent away from the center on PCC business, as well as regular working hours.

- Leave -- All staff should report vacation, sick leave and other paid leave on the staff utilization category "Leave". When on leave or vacation, staff should report the standard number of paid hours in a work day or work week. Comp Time and leave without pay should not be recorded on the staff time use sheet. Do not include hours reported under "Leave" in the box "Total Number of Hours For The Month."

- Advocacy and Non-PCC Funded Programs

  This category applies to staff members who are paid in full by the PCC funds (i.e., no Advocacy funds or Non-PCC funds have been allocated for their salaries), but who spend some portion of their time on activities primarily associated with an Advocacy or Non-PCC funded component. Hours spent on these activities should be reported here. Do not, however, include hours reported here in the box "Total Number of Hours For the Month".

  Note: Do not include staff time devoted to Advocacy or Non-PCC components if that time is paid from the Advocacy or Non-PCC budget. In no case should staff time be reported on the Weekly Staff Utilization Record if it is paid from a source other than the base PCC budget.

All paid hours must be accounted for either as working hours or as paid leave. Hence, no full time employee who worked an entire quarter would show less than 455 hours (given a 37 hour work week) or 520 hours (given a 40 hour work week) assuming 65 week days in a quarter.

ADDING UP THE ROWS AND COLUMNS

At the end of the month, all the totals in the bottom horizontal row and the last vertical column should be added up and agree: In the bottom row marked "Total Number of Hours Worked Per Week", add up the total hours worked each week and enter that figure in the box at the far right. Next, add up the total number of hours worked that month in each of the functional categories. Enter totals in the boxes in the last column marked "Totals Month Ending." If all of the boxes in the last column are added up, they should give the same total as the figure in the bottom box marked "Total Number of Hours For the Month." Round off all hours reported in the total columns to the nearest whole number. Do not report fractions of hours.

WEEKLY STAFF UTILIZATION RECORD:*

DEFINITIONS OF FUNCTIONAL CATEGORIES

ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT

All activities associated with the day to day direction and control of the program, including advertising, public relations, communications, office operations, bookkeeping, licensing, clerical activities and all staff time spent on the MIS. Also include all activities associated with personnel policies and procedures such as staffing the program, establishing staff assignments and schedules, salary and performance reviews and all routine supervisory conferences and staff meetings which serve administrative purposes. Other staff meetings and conferences should be classified according to the purpose of the activity. Meetings primarily devoted to career development should be recorded under "Staff Development and On The Job Training." Meetings called for the purpose of reviewing family case histories and evaluating participation in the program would be included under "Intake, Evaluation, and Referral."

- Associated Staff -- most or all of the time of the director, assistant director, data coordinator, office manager, administrative assistant, secretaries, bookkeeper, accountant, and some time of the teachers, program coordinators, and supervisory personnel if they are involved in overall program management and supervision of personnel.

ADMINISTRATION: PROGRAM PLANNING AND RESEARCH

Overall and long range program planning including the annual review associated with refunding, periodic review of program objectives and priorities, program evaluation, and time devoted to planning and implementing changes in program operations. Also include literature surveys, visits to other programs, special consultations and other research associated with the program planning process.

Do not include daily or weekly program planning and record keeping associated with a specific function. For example, the time teachers spend keeping attendance records, planning educational activities for the week or assembling materials should be included under "Child Supervision and Education." Similarly, record keeping and short range planning in the area of health should be recorded under "Health Services."

- Associated Staff -- director, program coordinator, assistant director, supervisory personnel, child development specialists, consultants, accountant, bookkeeper, and other staff involved in overall and long range program planning.

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*These definitions are also used to complete the Donated Service Voucher

ADMINISTRATION: FUND RAISING

Include all activities involved in securing funds or in-kind contributions for the program. Include volunteer recruitment, proposal writing, meetings with local service organizations and other potential funding agencies and public relations activities conducted for the purpose of obtaining cash grants or in-kind contributions.

- Associated Staff -- director, assistant director, community organizer, lawyer, accountant or bookkeeper, consultants and other staff involved in fund raising, volunteer recruitment and grant negotiations.

CHILD SUPERVISION AND EDUCATION

All activities related to the supervision, stimulation, and educational enrichment of infants, toddlers, and other young children involved as target populations of the center. Include class time, field trips, special education programs, nap time, indoor and outdoor play and all planning and discussion and record keeping associated with these activities. The supervision and feeding of young children at meal and snack time may be included here, while all other activities associated with feeding should be assigned to the "Food Services" functional category. Similarly, staff time involved in providing or supervising regular transportation to and from the center should be recorded as "Transportation", unless such activities are specifically planned as educational time.

- Associated Staff -- normally includes teachers, aides, infant educators, child development specialists, and to a lesser degree the director, and other center staff who are involved directly with child supervision and education such as parents, student teachers and foster grandparents.

PARENT EDUCATION AND TRAINING

All efforts to improve the skills, confidence and motivation of participating parents, both as parents and as individuals, including demonstrations within the parent's own home.

The following activities are typical of parent education and training subjects: carpentry; mechanics; sewing; meal planning; budgeting; marketing; housekeeping; use and care of appliances; diet and hygiene practices; child development; behavior problems; discipline; family relationships; remedial work in reading, writing, oral communications, and arithmetic skills. Activities for the personal enrichment of parents and siblings would be incorporated in this function, such as grooming, painting, jewelry making etc. General orientation to community resources would also be considered parent education and training, while staff time involved in making specific, individual referrals would be included under "Intake, Evaluation and Referral."

- Associated Staff -- teachers, parent educators, homemakers, home economists, nutritionist, nurse, social worker, family education assistant, and vocational education specialist.

SOCIAL AND ECONOMIC SERVICES TO FAMILY

Direct assistance to families in solving or improving social and economic problems associated with home and family life, including counseling to parents and assistance in dealing with personal or legal problems. The collection and redistribution of food and clothing, homemaker services, home repairs, and short term income supplements would qualify as "Social and Economic Services to Family." Referrals associated with direct assistance to families in this area should be recorded under "Intake, Evaluation and Referral."

- Associated Staff -- social worker, director, homemaker, lawyer, and outreach worker.

INTAKE, EVALUATION AND REFERRAL

All activities directly associated with the possible enrollment of program participants including recruitment, intake procedures and entrance screening (except health and dental screening). Include all activities associated with evaluation of participants such as developmental testing, review of case histories and conferences called for the purpose of evaluating individuals' performance in the program. All referrals, including medical and dental, regardless of whether or not these activities are associated with intake, are reported in this function; also include aftercare and followup activities.

- Associated Staff -- director and social worker, nurse, doctor, family life worker, community organizer, teachers, child development specialist and all other staff associated with activities described above.

HEALTH SERVICES

All health and dental services for families participating in the PCC program. Include preventive and psychiatric services, as well as orthopedic, hearing, sight, speech and other special therapies. Health recordkeeping should also be recorded here. Instructions on diet and hygiene are to be considered "Parent Education and Training" unless they are direct preventive health services for pregnant women. Include medical and dental referrals under "Intake, Evaluation and Referral."

- Associated Staff -- nurse, doctor, (medical and psychiatric) social worker, psychologist, therapists (speech, hearing, sight, physical, etc.)

FOOD SERVICES

All activities and services associated with meal planning, food buying, food preparation (including preparation of snacks), serving and the cleanup after meals in eating area and kitchen. Teachers' and/or cook's supervision and feeding of children at meal and snack time should be included under "Child Supervision and Education."

- Associated Staff -- cook, assistant cook, baker, nutritionist, food buyers, director and teachers when they are involved in buying, serving, clean-up; drivers when they deliver food.

COMMUNITY ORGANIZATION

All activities designed to increase family participation in the neighborhood and the community, including: (a) stimulating the family to become participating, responsible, and active members of the community; and (b) helping parents recognize themselves as a community outside of the Parent and Child Center. This function also incorporates assistance to parents in mobilizing community resources to solve family and home problems and effect institutional change. Activities of the staff spent on Policy Council activities and the time the director and other staff spend working with other community organizations, 4Cs committees, and local agencies should be included in this function. In order to be classified as community organization, an activity must include other community members as well as PCC staff and participants.

- Associated Staff -- community organizer, director, social worker, and parent coordinator

TRANSPORTATION

The activity of transporting or riding with parents and children to and from the program, on either a regular or special basis. Special travel includes transporting individual children for regular or emergency health care, lessons, etc. or transporting parents to special education or training functions. Include administrative time devoted to recordkeeping, discussions with parents about travel, setting up bus routes, etc. All other staff travel time should be reported in the functional category associated with the purpose of the trip. For example, staffing on field trips would be included under "Child Supervision and Education"; staff travel on program business would be under "Administration", and travel to conferences would be under "Administration" or "Staff Development and Training."

- Associated Staff--driver, transportation aides, other staff with "bus duty", and staff time spent in recordkeeping.

(PURE) RESEARCH

Measurement and evaluation of child development and interaction between young children and their parents and other family members that is designed to gain knowledge about cognitive, physical, affective, neurological and emotional changes in young children. A distinction should be made between staff and/or consultant time involved in research projects intended to lead to generalizations about development in young children and staff time involved in research and testing PCC children for the purpose of evaluating the individual child's progress. The former is "Pure Research"; the latter "Intake, Evaluation, and Referral."

- Associated Staff -- child development specialist, infant educator, director, consultant, university affiliate, research assistant, and research associate.

OCCUPANCY

Maintenance and housekeeping activities associated with the upkeep of program facilities, both building and grounds, including clean up nights and painting parties. Classroom setup and clean up time should be reported here.

- Associated Staff -- janitor, maintenance man, teachers and aides, parents and volunteers

STAFF DEVELOPMENT AND ON-THE-JOB TRAINING

All activities associated with improving the skills of staff members. In short, all job training and staff development activities, including learning conferences, professional conferences, conventions, and professional meetings, as well as special staff meetings intended to increase and develop staff experience and expertise. Does not include other regular staff meetings or conferences between supervisory staff and those working under their charge.

- Associated Staff -- director, education coordinator, teachers, aides, student teachers, other staff involved in career development, consultants, and faculty members from local schools.

DONATED SERVICES VOUCHER

DONATED SERVICE VOUCHER

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

WORKER'S NAME: _____
last *first* *middle initial*

Total Hours Donated _____

Allowable Hourly Rate _____

Total $ Value _____

☐ **Allowable as Non-Federal Share**

☐ **Not Allowable as Non-Federal Share**

Type of Service:

☐ **Professional**

☐ **Non-Professional**

Specify Service Donated _____

_____

_____
Signature of Worker

_____
Signature of PCC Staff Member

INDICATE THE NUMBER OF HOURS WORKED IN EACH OF THE CATEGORIES BELOW:

Functional Categories	TIME In: _____ Out: _____ DATE / /	TIME In: _____ Out: _____ DATE / /	TIME In: _____ Out: _____ DATE / /	TIME In: _____ Out: _____ DATE / /	TIME In: _____ Out: _____ DATE / /	TOTAL Period Ending: DATE / /
ADMINISTRATION: SUPERVISION OF PERSONNEL & MANAGEMENT (incl. clerical)						
ADMINISTRATION: PROG. PLANNING & RESEARCH						
ADMINISTRATION: FUND RAISING						
CHILD SUPERVISION AND EDUCATION						
PARENT EDUCATION AND TRAINING						
SOCIAL AND ECONOMIC SERVICES TO FAMILY						
IN-TAKE, EVALUATION, AND REFERRAL						
HEALTH SERVICES						
FOOD SERVICES						
COMMUNITY ORGANIZATION						
TRANSPORTATION						
(PURE) RESEARCH						
OCCUPANCY (maintenance and housekeeping)						
STAFF DEVELOPMENT & ON-THE-JOB TRAINING						
TOTAL NUMBER OF HOURS						

DONATED SERVICE VOUCHER

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: LYNN PCC, Inc.

LOCATION: LYNN, TEXAS

WORKER'S NAME: ALVAREZ (last), MARIA (first) J. (middle initial)

Total Hours Donated 8

Allowable Hourly Rate $4.50

Total $ Value $36.00

☐ Allowable as Non-Federal Share

☐ Not Allowable as Non-Federal Share

Maria Alvarez
Signature of Worker

Type of Service:

☑ Professional

☐ Non-Professional

Specify Service Donated Innoculations; Nutrition Education

Juan T Marcus
Signature of PCC Staff Member

INDICATE THE NUMBER OF HOURS WORKED IN EACH OF THE CATEGORIES BELOW:

Functional Categories	TIME In: 1:00 Out: 5:00	TIME In: 2:00 Out: 4:00	TIME In: 1:00 Out: 3:00	TIME In: Out:	TIME In: Out:	TOTAL Period Ending:
	DATE 9/11/72	DATE 9/13/72	DATE 9/15/72	DATE / /	DATE / /	DATE 9/16/72
ADMINISTRATION: SUPERVISION OF PERSONNEL & MANAGEMENT (incl. clerical)						
ADMINISTRATION: PROG. PLANNING & RESEARCH						
ADMINISTRATION: FUND RAISING						
CHILD SUPERVISION AND EDUCATION						
PARENT EDUCATION AND TRAINING	2		2			4
SOCIAL AND ECONOMIC SERVICES TO FAMILY						
IN-TAKE, EVALUATION, AND REFERRAL						
HEALTH SERVICES	2	2				4
FOOD SERVICES						
COMMUNITY ORGANIZATION						
TRANSPORTATION						
(PURE) RESEARCH						
OCCUPANCY (maintenance and housekeeping)						
STAFF DEVELOPMENT & ON-THE-JOB TRAINING						
TOTAL NUMBER OF HOURS	4	2	2			8

INSTRUCTIONS FOR FILLING OUT THE DONATED SERVICE VOUCHER

These vouchers are used to document all services provided "free" to the Parent Child Center, both professional and non-professional whether or not those services are acceptable as non-federal share. While services not allowable as non-federal share have not been reported in the past, such resources may be of much importance to the PCC and should be included in a truly complete analysis of PCC costs and use of resources. These vouchers can assist local programs in a review of the kinds of donated services received and how those services are being used in terms of program functions. The vouchers serve as a convenient instrument for documenting non-federal share in a standardized format acceptable to auditors.

SUGGESTED PROCEDURE

A Donated Service Voucher should be filled out for (1) all individuals who work for the PCC but do not receive wages, (2) all persons who perform work for the PCC but are paid by another agency and (3) all persons who are paid by the PCC for only a portion of the work delivered. A Donated Service Voucher and a Staff Utilization Record must be completed for those persons who work for the PCC but are only partially paid from PCC funds for their services. Hours paid by the PCC would be recorded on the Staff Utilization Record, while hours worked for the PCC but paid for by another agency would be recorded as a donated service and entered on the voucher. Include all regular and occasional volunteers whether or not they may be counted as the required non-federal share of the PCC budget.

This form should be completed at the end of the day for each volunteer, indicating time of arrival and departure and total hours worked in each functional category. The completed voucher must be countersigned by an authorized PCC staff member.

A separate voucher should be completed for each type of service provided by a volunteer, if the services would be assigned different dollar ($) values. For example, if a doctor volunteers to perform medical exams and also spends time repairing furniture, these professional and non-professional services must be recorded on different vouchers.

VALUING DONATED SERVICES

Office of Economic Opportunity Guidelines* should be used in valuing unpaid volunteered services. For services not included in these Guidelines, or services which cost much more than OEO Guidelines in a particular community, value should be recorded at whatever it would cost the program to obtain these services if the program were forced to purchase such services in the local community.

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*Guidelines are included at the end of the section.

In some cases, donated services will be roughly comparable to services currently being purchased by the program (e.g., volunteer teacher aides working alongside paid teacher aides). If this is the case, payment for those staff services can be used as a guideline for imputing value to comparable donated services. In some cases, (e.g., professional services), the program may be familiar with standard rates in the community. Some programs will have already developed procedures for imputing dollar value to donated services. If possible, when OEO Guidelines are inconsistent with local costs, each program should imput values to donated services using its own best estimate of local wage and salary scales. In no case should Volunteer services be computed at less than the Federal minimum wage plus FICA.

NOTE: If rates in excess of OEO guidelines are used, the PCC should obtain documentation to prove that the higher rates are valid.

ALLOWABLE AS NON-FEDERAL SHARE

All services donated by private individuals, parents enrolled in the program, religious personnel and persons whose wages are paid by local or state agencies (including Model Cities) may be counted as the non-federal share of the PCC budget. Services received from other federally funded agencies may not be counted towards the non-federal share.

REPORTING DONATED SERVICES ALLOWABLE AS NON-FEDERAL SHARE

PCC's should continue with their current procedure for reporting non-federal contributions. The total dollar value will be included as non-federal share on the HEW-OCD Grantee Financial Report. These vouchers are intended to assist PCC's in documenting donated services in a standard format acceptable to auditors. These vouchers will also be used to complete the PCC-MIS Quarterly Report on Donated Services.

NOT ALLOWABLE AS NON-FEDERAL SHARE

Some programs receive in-kind services that cannot be counted as non-federal share. Although PCC's would not ordinarily record federal in-kind, these donated services may represent a significant resource for the program. An analysis of comprehensive program costs requires that vouchers be completed for all in-kind donations, including those from federal sources. Typical donated services not allowable as non-federal share include services of Neighborhood Youth Corps, Vista Volunteers, time spent by members of a governing body or advisory committees, legal advice or medical services provided to local programs by other Federal agencies, and all other services donated by persons paid by federally funded agencies or programs except Model Cities Programs.

REPORTING DONATED SERVICES NOT ALLOWABLE AS NON-FEDERAL SHARE

Documentation of donated services from federal sources is required only for the MIS. Do not submit these vouchers to Grantee or Delegate Agencies (unless they so request). Keep the completed forms on file at the Center in a special folder marked "Donated Goods and Services: Not Allowable as Non-Federal Share." You will need these service vouchers to complete the PCC MIS Quarterly Report on Donated Services: Not Allowable as Non-Federal Share.

SPECIFIC INSTRUCTIONS

Specific instructions are provided for items which appear on the Donated Service Voucher that may not be self-explanatory.

PCC NAME

Indicate here the official name of the Parent-Child Center.

PCC LOCATION

Indicate here the name of the specific program site from which the participant will be served.

TOTAL HOURS DONATED

Record the total number of hours worked during the period covered by the voucher. The figure entered here should correspond with the total number of hours recorded in the box at the bottom right hand column on this form.

ALLOWABLE HOURLY RATE

Indicate the basis for valuing the donated service. Follow OEO guidelines, where applicable, in assigning a dollar value. If you are using guidelines other than those included here, please identify in a footnote on the voucher.

TOTAL DOLLAR VALUE

Multiply the total number of hours donated by the allowable hourly rate and record the total dollar value.

ALLOWABLE OR NOT ALLOWABLE AS NON-FEDERAL SHARE

Check the appropriate category for each type of contribution. File vouchers marked "Not Allowable" separately from all other non-federal share documentation.

PROFESSIONAL, NON-PROFESSIONAL

Check the type of service provided. Professional includes services comparable to those normally performed by administrative and managerial personnel, accountants, teachers, psychologists, therapists, social worker, nutritionists, licensed medical or dental personnel, consultants and other specialists, and all other staff who perform roles which generally require licensing or certification. Non-professional would include services comparable to those performed by aides, secretarial staff, clerks, bookkeepers, drivers, maintenance workers, cooks, housekeepers and other support staff.

SPECIFY SERVICE DONATED

Briefly describe the type of service provided (e.g., curriculum development, carpentry, dental exam).

TIME IN/OUT

Currently it is a Federal requirement for programs to document exact hours and time volunteered on a daily basis.

FUNCTIONAL CATEGORIES

Enter the total hours donated each day at the bottom of the chart and distribute the hours among the appropriate functional categories. Functional categories are defined in the instructions which accompany the Weekly Staff Utilization Record.

OEO GUIDELINES: BASIS FOR IMPUTING VALUE TO VOLUNTEERED PERSONAL SERVICES

	Hourly Rate
Accountant and Auditor	$ 9.00
Architect	9.00
Bookkeeper	3.00
Brickmason, Stonemason, and Tile Setter	6.50
Bus Driver	4.00
Carpenter	6.00
Cement and Concrete Finisher	5.50
Cook	3.50
Dental Technician	5.00
Dentist	22.00
Dietition and Nutritionist	5.50
Dressmaker-Seamstress	3.50
Electrician	6.50
Engineer	9.00
Excavating, Grading and Raod Machine Operator	5.50
File Clerk	2.50
Glaizer	5.00
Instructor, College	6.00
Lawyer	20.00
Librarian	6.00
Nurse (registered)	4.50
Nurse (other)	3.00
Painter	5.50
Physician	24.00
Plasterer	6.00
Plumber	6.50
Printer	5.00
Professor, Assistant	7.50
Professor, Asscciate	9.00
Professor, College	11,00
Psychologist	7.50
Realtor	6.50
Recreation Worker	4.00
Secretary	3.50
Stenographer	3.00
School Administrator	9.00
Social Worker (MSW)	6.00
Social Worker (other)	4.00
Surveyor	4.00
Teacher (elementary)	6.00
Teacher (secondary)	6.50
Therapist	5.00
Tinsmith, Coppersmith, Sheetmental Worker	6.00
Truckdriver	4.00
*Tutor	3.00
Typist	2.50

*Tutor is defined as a person with one or more years of college.

DONATED GOODS VOUCHER

DONATED GOODS VOUCHER

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

DATE OF CONTRIBUTION: _____

Item Contributed _____ Quantity _____

Type of Item Contributed: (Check the appropriate box)

☐ CASH $ _____

TRAVEL

☐ Transportation in State

Number of Miles: _____

☐ Transportation out of State

Number of Miles: _____

☐ Gasoline and Other Motor Vehicle Supplies

☐ Other

CONSUMABLE SUPPLIES

☐ Food

☐ Education Supplies

☐ Office Supplies

☐ Maintenance and Housekeeping

☐ Health Supplies

☐ Clothing

☐ Other

EQUIPMENT

☐ Office Machines

☐ Vehicles

☐ Furnishings

☐ Other

☐ **OTHER DONATED GOODS**

☐ **SPACE AND/OR UTILITIES**

Basis for Valuing Goods $ _____

Estimated Total $ Value $ _____

ALLOWABLE as Non-Federal Share ☐

NOT ALLOWABLE as Non-Federal Share ☐

_____
Signature of Contributor

_____
Signature of PCC Staff Member

DONATED GOODS VOUCHER

Parent Child Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: _____

LOCATION: _____

DATE OF CONTRIBUTION: _____

Item Contributed _____ Quantity _____

Type of Item Contributed: (Check the appropriate box)

☐ CASH $ _____

TRAVEL

☐ Transportation in State

Number of Miles: _____

☐ Transportation out of State

Number of Miles: _____

☐ Gasoline and Other Motor Vehicle Supplies

☐ Other

CONSUMABLE SUPPLIES

☐ Food

☐ Educational Supplies

☐ Office Supplies

☐ Maintenance and Housekeeping

☐ Health Supplies

☐ Clothing

☐ Other

EQUIPMENT

☐ Office Machines

☐ Vehicles

☐ Furnishings

☐ Other

☐ **OTHER DONATED GOODS**

☐ **SPACE AND/OR UTILITIES**

Basis for Valuing Goods $ _____

Estimated Total $ Value $ _____

ALLOWABLE as Non-Federal Share ☐

NOT ALLOWABLE as Non-Federal Share ☐

_____
Signature of Contributor

_____
Signature of PCC Staff Member

DONATED GOODS VOUCHER

Office of Child Development
U.S. Department of HEW

PCC NAME: LYNN PCC, INC.
LOCATION: LYNN, TEXAS
DATE OF CONTRIBUTION: 9/15/72
Item Contributed Playground Equipment Quantity Climbing Apparatus

Type of Item Contributed: (Check the appropriate box)

☐ CASH $ _____

TRAVEL
- ☐ Transportation in State
  Number of Miles: _____
- ☐ Transportation out of State
  Number of Miles: _____
- ☐ Gasoline and Other Motor Vehicle Supplies
- ☐ Other

CONSUMABLE SUPPLIES
- ☐ Food
- ☐ Education Supplies
- ☐ Office Supplies
- ☐ Maintenance and Housekeeping
- ☐ Health Supplies
- ☐ Clothing
- ☐ Other
- ☐ SPACE AND/OR UTILITIES

EQUIPMENT
- ☐ Office Machines
- ☐ Vehicles
- ☐ Furnishings
- ☒ Other

☐ OTHER DONATID GOODS

Basis for Valuing Goods $ 50.00
Estimated Total $ Value $ 50.00

ALLOWABLE as Non-Federal Share ☒
NOT ALLOWABLE as Non-Federal Share ☐

Jean Mayer
Signature of Contributor

Pat Scott
Signature of PCC Staff Member

DONATED GOODS VOUCHER

Parent Chik Center Program
Office of Child Development
U.S. Department of HEW

PCC NAME: LYNN PCC, Inc.
LOCATION: LYNN, TEXAS
DATE OF CONTRIBUTION: 9/20/72
Item Contributed CANNED GOODS Quantity 10 CASES

Type of Item Contributed: (Check the appropriate box)

☐ CASH $ _____

TRAVEL
- ☐ Transportation in State
  Number of Miles: _____
- ☐ Transportation out of State
  Number of Miles: _____
- ☐ Gasoline and Other Motor Vehicle Supplies
- ☐ Other

CONSUMABLE SUPPLIES
- ☒ Food
- ☐ Educational Supplies
- ☐ Office Supplies
- ☐ Maintenance and Housekeeping
- ☐ Health Supplies
- ☐ Clothing
- ☐ Other
- ☐ SPACE AND/OR UTILITIES

EQUIPMENT
- ☐ Office Machines
- ☐ Vehicles
- ☐ Furnishings
- ☐ Other

☐ OTHER DONATED GOODS

Basis for Valuing Goods $ $5.00/CASE
Estimated Total $ Value $ 50.00

ALLOWABLE as Non-Federal Share ☐
NOT ALLOWABLE as Non-Federal Share ☒

Mark Halloway
Signature of Contributor

Pat Scott
Signature of PCC Staff Member

Any Accumulated for 9/72

INSTRUCTIONS FOR FILLING OUT THE DONATED GOODS VOUCHER

These vouchers are used to document all goods donated to the Parent Child Center for use by the program facility or by program participants, whether or not those goods are acceptable as non-federal share. While donated goods not acceptable as non-federal share are not usually reported, such resources should be included in a truly complete analysis of PCC costs and resources. These vouchers can assist local programs in reviewing the kinds of goods received and in documenting donations by line-item. The vouchers also serve as a convenient instrument for recording non-federal share in a standardized format acceptable to federal auditors.

SUGGESTED PROCEDURES

A voucher should be completed at the time goods are donated and a separate voucher should be used for each type of contribution. The donor and an appropriate PCC staff member must sign the completed voucher. Donated goods categories in bold type correspond with the line items on the quarterly financial report (Travel, Consumable Supplies, Space and/or Utilities, Equipment, and Other). Space is provided in the left hand column for recording cash donations. All donated goods should be recorded on a voucher whether or not they can be counted as non-federal share.

VALUING DONATED GOODS

A voucher should be completed for all donated goods including capital assets of durables such as land, buildings, equipment and furniture. Except where donated goods have only marginal utility to the PCC program, they should be valued at market value. The imputed value for donated land and space should be reported on a quarterly basis--not annually. Space is provided on the bottom of the voucher for indicating whether or not donated goods are acceptable as non-federal share.

ALLOWABLE AS NON-FEDERAL SHARE

All donated goods and cash received from private individuals and from local or state sources (including Model Cities) may be reported as the PCC non-federal share. Only contributions received from other federal agencies may not be counted towards the non-federal share.

REPORTING DONATED GOODS ALLOWABLE AS NON-FEDERAL SHARE

No MIS quarterly report on donated goods is required. PCCs should continue with their current procedure for reporting non-federal contributions. The total dollar value will be included as non-federal share on the HEW-OCD Grantee Financial Report. When you are completing reports on non-federal share, be sure to separate out vouchers checked "Not Allowable as Non-Federal Share".

NOT ALLOWABLE AS NON-FEDERAL SHARE

Some programs receive donations from time to time that are not counted as non-federal share. Although PCCs would not ordinarily report federal in-kind, these contributions may represent a significant resource for the program. The MIS analysis of actual program costs requires that vouchers be completed for all in-kind contributions including those from federal sources. Typical donations not counted as non-federal share include federal surplus food commodities, consumable supplies or equipment given to the PCC by a federally funded agency, and building and grounds purchased with or maintained by federal funds. If vehicles or equipment are purchased through the Government Services Administration below market value, the difference between the actual cost to the PCC and fair market value should be recorded as a donation and checked "Not Allowable as Non-Federal Share".

REPORTING DONATED GOODS NOT ALLOWABLE AS NON-FEDERAL SHARE

Documentation of donated goods from federal sources is required only for the MIS. Do not submit these vouchers to Grantee or Delegate Agencies. (unless they so request). Keep the completed forms on file at the Center in a special folder marked "Donated Goods and Services: Not Allowable as Non-Federal Share." You will need this documentation to respond to a special annual survey of federal in-kind contributions.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Donated Goods Voucher that may not be self-explanatory.

ITEM CONTRIBUTED

First check one of the categories on the form to indicate the type of item contributed. In the space provided here, describe the item in more detail if necessary. For example, if playground equipment is given to the Center, check "Other" under Equipment and write in the specific kind of equipment.

QUANTITY

Record how much or how many items have been donated. Be as specific as possible, noting for example that 15 dresses have been received, rather than one box of clothing.

BASIS FOR VALUING GOODS

Record the estimated dollar value per unit of the goods donated. In the case of some contributions (such as clothing, foods, supplies) you may use an average basis. For example, if you receive 10 cases of different canned goods, the basis for valuing the contribution may be approximately $5.00 per case. The estimated total value would be $50.00.

TOTAL DOLLAR VALUE

Record the total dollar value of all items contributed. Multiply the number of items times the average base value.

ALLOWABLE OR NOT ALLOWABLE AS NON-FEDERAL SHARE

Check the appropriate category for each type of contribution. File vouchers marked "Not Allowable" separately from all other non-federal share documentation.

QUARTERLY REPORTS: INTRODUCTION

QUARTERLY REPORTS: INTRODUCTION

This section of the User's Manual contains the ten quarterly reports to be submitted to the National Data Coordinator by all Parent-Child Centers. A brief statement outlining the contents and purpose of the reports is included with each form, together with detailed instructions and a sample completed report. The quarterly reports are:

- Quarterly Narrative Report
- Quarterly Report on Participant Characteristics
- Quarterly Report on Staff Characteristics
- Quarterly Report on Services to Participants I
- Quarterly Report on Services to Participants II
- Quarterly Report on Services to Participants III
- Quarterly Staff Utilization Report
- Quarterly Report on Donated Services (Allowable as Non-Federal Share).
- Quarterly Report on Donated Services Volunteered or Paid For From Other Federal Agencies (Not Allowable as Non-Federal Share)
- Grantee Quarterly Financial Report *

The Data Coordinator is primarily responsible for coordinating quarterly reporting. All the information required to complete these reports must be compiled from the recordkeeping forms and informal center records presented in the first section of this Manual. Instructions included with the quarterly reports assume that the Data Coordinator is thoroughly familiar with the filing procedures, definitions and instructions which accompany those records. General procedures and instructions for the Data Coordinator are provided below. These instructions apply to all quarterly reports.

INSTRUCTIONS FOR THE DATA COORDINATOR

QUARTERLY REPORTING PERIODS

Every quarter runs for three calendar months. Quarters begin on the first day of a month and ends on the last day of a month. Quarterly reporting periods for the PCC MIS are:

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* Not yet implemented; intended to replace the OS-192 when all PCCs are moved to a standard quarterly cycle.

- September 1 - November 30
- December 1 - February 28 (29)
- March 1 - May 31
- June 1 - August 31

WHEN TO COMPLETE QUARTERLY REPORTS

The ten quarterly reports must be completed as of the last business day of the quarter and mailed by the 10th calendar day of the month following the end of the quarter.

WHERE TO MAIL QUARTERLY REPORTS

Make three copies of the complete quarterly report package; keep one copy on file at the center and mail two sets to the following person:

Ms. Alice LeBlanc
Abt Associates Inc.
55 Wheeler Street
Cambridge, Mass. 02138

HOW TO COMPLETE THE QUARTERLY REPORTS

Follow the instructions included with the reports as you are completing each form. Compile the data from the local recordkeeping forms as indicated in the instructions. It is preferable to work with a draft copy of the reports and then prepare a final hand-printed or typed copy for submission.

- Fill out all items on every report.-- Do not leave blanks. Enter a zero [0] where figures should not be reported or for items that are not applicable. Use the abbreviation UNK for unknown items and explain why the data is not available in your quarterly narrative report
- All quarterly reports have been pre-coded for data processing. Numbers in brackets [] are instructions for coders. Disregard these numbers and other items marked "For HEW Use" when compleing the reports.
- Round off all figures entered on the quarterly reports. Do not report fractions of dollars or hours.
- All quarterly reports submitted must be legible. Do not cross out entries or enter numbers in margins or other spaces other than those indicated.

- Complete all cross-checks and proofread the reports before submitting them. This will eliminate many errors and omissions that require call-backs during the data validation process. Cross-checks are included for each quarterly report (except the narrative) on the following pages.

INTERNAL CROSS CHECKS FOR THE QUARTERLY REPORT ON PARTICIPANT CHARACTERISTICS

ENTRY OR ENTRIES*	CROSS CHECK	ENTRY OR ENTRIES*
"Families Enrolled at End of Quarter"	Should normally be less than, or at least not greater than	"Families Enrolled" in during the quarter in the Quarterly Report on Services to Participants I
"Number of Months Terminated Families Were Enrolled in the PCC Program"	Sum of numbers entered in blanks under this heading must equal	"Families Terminated During Quarter"
"Reasons for Termination"	Sum of numbers entered in blanks under this heading must equal	"Families Terminated During Quarter"
"Female Head of Household"	Must be less than, or equal to,	"Families Enrolled at End of Quarter"
"Language Other than English"	Must be less than, or equal to,	"Families Enrolled at End of Quarter"
"Household with Handicapped Children"	Must be less than, or equal to,	"Families Enrolled at End of Quarter"
"Receiving AFDC or Public Assistance"	Must be less than, or equal to,	"Families Enrolled at End of Quarter
"Income Below Poverty Level"	Must be less than, or equal to,	"Families Enrolled at End of Quarter"
	Also, must be greater than, or equal to,	"Receiving AFDC or Public Assistance"
"Households with..."	Sum of numbers entered in the blanks under this heading must equal	"Families Enrolled at End of Quarter"

	Number in the 0 to 3 age group would normally exceed, but be less than twice, (Also, it is very unlikely that any age group will have a 0.	"Families Enrolled at End of Quarter"
	Should normally be less than, or at least not greater than	"Focal Children (0 to 3 years)" enrolled during the quarter, in the Quarterly Report on Services to Participants I
"Participating Children Aged:...	Number in the 0 to 3 age group must be equal to the sum of	"Total Number of FOCAL CHILDREN Enrolled in Center(s) at End of Quarter" plus "Total Number of FOCAL CHILDREN Enrolled in Outreach Homes at End of Quarter" plus "Total Number of FOCAL CHILDREN Enrolled in Day Homes at End of Quarter" as reported in the Quarterly Report on Services to Participants I

	Sum of numbers entered in this column must fall between upper and lower limits set by the data under the heading. (For an explanation and example for calculating these limits, see below)	"Households with"
"Total Number of Participants" (Under "Participants by Ethnicity")	Sum of numbers entered in this colum minus the sum of numbers entered in the column under "Participating Children Aged:", must be greater than (However, since this calculated difference is the number of adult participants, it should be "reasonable," in view of the number of families enrolled.)	"Families Enrolled at End of Quarter"

* All entries are on the 'Quarterly Report on Participant Characteristics' unless otherwise indicated.

Calculation of Limits for "Total Number of Participants"

Since all members of a PCC family household are considered to be participants, the data on size of households imply certain limits on the total number of participants as indicated by the sum of the numbers listed under "Total Number Participants" on the Quarterly Report on Participant Characteristics. For example, if the following data were reported on size of households:

Households with:

26	2 or 3 members
32	4 or 5 members
7	6 or 7 members
1	8 or more members
(66)	(Total)

the lower limit on number of participants would be calculated as follows:

26 x 2 =	52	
32 x 4 =	128	
7 x 6 =	42	
1 x 8 =	8	
Total	230	= Lower Limit

For all practical purposes, the upper limit may be obtained by adding the number of families enrolled (66) to the lower limit. Thus, the upper limit in this example would be:

230	Lower Limit
+ 66	Number of Families Enrolled
Total 296	= Upper Limit

If all the families in each household size category had the smaller number of members for that category, the total number of participants would be equal to the lower limit (230); if all the families in each household size category had the larger number of members for that category, the total number of participants would be equal to the upper limit (296)*. In almost all actual cases, the total number of participants will fall somewhere between the lower and upper limits. In no case may the total number of participants be below the lower limit or above the upper limit.

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* The upper limit would be slightly higher if some of the families in the "8 or more member" households should have more than 9 members in the household.

INTERNAL CROSS CHECKS FOR THE QUARTERLY REPORT ON STAFF CHARACTERISTICS

ENTRY OR ENTRIES*	CROSS CHECKS	ENTRY OR ENTRIES*
"Number of Months Terminated Employees Worked at the PCC"	Sum of Numbers entered in blanks under this heading must equal	"Employees Terminated During Quarter"
"Reasons for Termination	Sum of numbers entered in blanks under this heading must equal	"Employees Terminated During Quarter"
"Males/Females"	Sum of these two entries must equal	"Employees on Payroll at End of Quarter"
"Staff who have been or currently are PCC participants	Must be less than, or equal to	"Employees on Payroll at End of Quarter
"Part-Time Employees/ Full-Time Employees"	Sum of these two entries must equal	"Employees on Payroll at End of Quarter
"Professionals/ Non-Professionals	Sum of these two entries must equal	"Employees on Payroll at End of Quarter"
"Administrative Staff/Direct Service Staff/Support Staff	Sum of these three entries must equal	"Employees on Payroll at End of Quarter"
"Employees by Ethnicity"	Sum of the numbers in this column must equal	"Employees on Payroll at End of Quarter"
"Employees on Payroll at End of Quarter" and "Employees Terminated During Quarter" and "Total Number of Temporary Paid Employees"	Sum of these three entries should equal	"TOTAL NUMBER OF PAID STAFF REPORTED", as entered on the first page of the Quarterly Staff Utilization Report

*All entries are on the Quarterly Report on Staff Characteristics unless otherwise indicated

INTERNAL CROSS CHECKS FOR THE

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS I

ENTRY OR ENTRIES*	CROSS CHECK	ENTRY OR ENTRIES*
"Total Number of days Child Care Services Provided During the Quarter"	Must be less than, or equal to,	"Total Number of Days PCC Operated During the Quarter"
"Total Number of FOCAL CHILDREN Enrolled in Center(s) at End of Quarter" and "Total Number of FOCAL CHILDREN Enrolled in Outreach Homes at End of Quarter" and "Total Number of FOCAL CHILDREN Enrolled in Day Homes at End of Quarter"	Sum of these three entries should equal	"Participating Children Aged 0 to 3" in the Quarterly Report on Participant Characteristics
"Focal Mothers (Pregnant Women)"	This number should be greater than, or equal to, the entry in any one of the 24 boxes to the right of the heading	"Focal Mothers", in the Quarterly Report on Services to Participants III
"Focal Children (0 to 3 years)"	Should normally be greater than, or at least equal to	"Participating Children Aged 0 to 3 in the Quarterly Report on Participant Characteristics

Quarterly Report on Services to Participants I (continued)

	Should normally be greater than, or at least equal to	"Families Enrolled at End of Quarter" in the Quarterly Report on Participants Characteristics
"Families Enrolled"	This number must be greater than, or equal to, each of the entries in the 22 boxes to the right of each of the headings	"Parent Education and Training: Number of Mothers" "Parent Education and Training: Number of Fathers" located in the lower section of the Quarterly Report on Services to Participants II.
	This number must be greater than, or equal to, each of the two entries under the heading	"Total Number of Different Parents Who Participated in Education and Training Sessions During the Quarter: Mothers/ Fathers" as reported in the Quarterly Report on Services to Participants II.
"Average Number of PARENT Members Attending Policy Council Meetings During the Quarter"	Should normally be less than, or equal to ... UNLESS Parent Membership on the Policy Council declined near the end of the quarter.	"Total Number of Parents Serving on the Policy Council at End of Quarter"

*All entries are on the Quarterly Report on Services to Participants I unless otherwise indicated.

INTERNAL CROSS CHECKS FOR THE QUARTERLY REPORT ON SERVICES TO PARTICIPANTS II

ENTRY OR ENTRIES*	CROSS CHECKS	ENTRY OR ENTRIES*
"Other Direct Social and Economic Services (Including Health)" and "Referrals to Social, Economic, and Health Services"	The sum of these two entries should be greater than, or equal to, the sum of the first 23 entries to the right of the heading	"Total Number Who Received Each Service", in the Quarterly Report on Services to Participants III
"Parent Education and Training: Number of Mothers" and "Parent Education and Training: Number of Fathers" [Located in lower section of report]	Sum of the 22 entries for different types of parent education and training sessions, is normally much less, and cannot be greater than,	"Parent Education and Training" listed as a "Service Category" under "Services to Families" [Located in upper section of report]
	Sum of the 22 entries for different types of parent education and training sessions is normally much greater than, and cannot be less than, the sum of the two entries under	"Total Number of Different Parents Who Participated in Education and Training Sessions During the Quarter: Mothers/Fathers" [Located in lower section of report]
	The entry in any one of the 22 boxes would normally be less than, and cannot be greater than.	"Families Enrolled" during the quarter, as reported in the Quarterly Report on Services to Participants I.
"Total Number of Different Parents Who Participated in Education and Training Sessions During the Quarter: Mothers/Fathers" [Located in lower section of report]	Each of these two entries would normally be less than, and cannot be greater than,	"Families Enrolled" during the quarter, as reported in the Quarterly Report on Services to Participants I

*All entries are on the Quarterly Report on Services to Participants II unless otherwise indicated.

In addition to the strict relationships between data items described above, the Data Coordinator should employ her/his knowledge of program operations to make a rough check on the "Number of Times Each Service Provided" under "Services to Families," in the upper section of the report. For example, if approximately 80 focal children attend the PCC twice a week, on the average, and the PCC has been operating for 13 weeks during the quarter, the sum of "Infant Education - Group Setting", "Infant Education - Individual" and "Parent-Child Interaction Sessions" should be within, say ± 25% of 2080 (80 X 2 A 13) or no less than 1560 and no more than 2600, unless something unusual has happened during the quarter. In such a case, a figure such as 500 or 4000 would be suspect. If a hot meal and a snack are normally served to the children when they attend the PCC, the number of hot meals should also be within 25% of 2080, unless, say, siblings of focal children and/or parents have also received hot meals, or something unusual has happened during the quarter. As another example, if there are approximately 15 outreach homes associated with the PCC, and each outreach home is typically visited twice a week by a staff member, and the PCC has been operating for 13 weeks during the quarter, the number of visits in the home by PCC staff should be within, say ± 25% of 390 (15 X 2 X 13) or no less than 292 and no more than 487, unless, there are other factors which should be considered. In such a case, a number such as 100 or 1000 would be suspect.

Because no two PCC's are exactly the same, it is impossible to establish rules for checking the service data reported which are applicable to all PCC's. However, each Data Coordinator, using her/his knowledge of the program, should be able to use checks such as those suggested above, to ensure that really serious errors have been avoided in the statistics reported. Where service data might appear to be incorrect but are actually accurate, there should be a comment in the Narrative Report which explains the apparent inaccuracy.

INTERNAI CROSS CHECKS FOR THE

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS III

ENTRY OR ENTRIES*	CROSS CHECKS	ENTRY OR ENTRIES*
"Focal Mothers"	The entry in any one of the 24 boxes to the right of this heading cannot exceed	"Focal Mothers (Pregnant Women)", enrolled during the quarter, as reported in the Quarterly Report on Services to Participants I
"Other Parents"	The entry in any one of the 24 boxes to the right of this heading cannot exceed twice the number of	"Families Enrolled" during the quarter, as reported in the Quarterly Report on Services to Participants I
"Other Adults	It is unlikely that the entry in any one of the 24 boxes to the right of this heading will exceed	"Families Enrolled" during the quarter, as reported in the Quarterly Report on Services to Participants I
"Focal Children"	The entry in any one of the 24 boxes to the right of this heading cannot exceed	"Focal Children (0 to 3 years)", enrolled during the quarter, as reported in the Quarterly Report on Services to Participants I
"Other Children"	It is unlikely that the entry in any one of the 24 boxes to the right of this heading will exceed twice the total number of children 3 years of age and older enrolled at the end of the quarter, as reported under	"Participating Children Aged:..." in the Quarterly Report on Participant Characteristics

"Total Number Who Received Each Service"	It is unlikely that the entry in any one of the 24 boxes to the right of this heading will exceed twice the total number of participants enrolled at the end of the quarter, as reported under	"Total Number of Participants.." in the Quarterly Report on Participant Characteristics
	The sum of the first 23 entries to the right of this heading should be less than, or equal to, the sum of	"Other Direct Social and Economic Services (including Health)" and "Referrals to Social, Economic, and Health Services" in the Quarterly Report on Services to Participants II
"Total Number of Participants in Each Group Served During Quarter"	The entry in any one of the 6 boxes in this column would normally be greater than, and cannot be less than,	The largest of the 23 entries to the left of the box

*All entries are on the Quarterly Report on Services to Participants III unless otherwise indicated.

INTERNAL CROSS CHECKS FOR THE QUARTERLY STAFF UTILIZATION REPORT

ENTRY*	CROSS CHECKS	ENTRY OR ENTRIES*
"Total Number of Paid Staff Reported", on first page of report	Must be equal to the sum of	"Employees on Payroll at End of Quarter" plus "Employees Terminated During Quarter" plus "Total Number of Temporary Paid Employees" as reported on the Quarterly Report on Staff Characteristics
	Must be equal to the sum of	Individuals reported on the first 3 pages of the report, which will be equal to the number of lines used unless more than one person is entered on a line.
"Total Number of Consultants Listed Below", on the fourth page of the report	Must be equal to the sum of	Individuals reported on the fourth page of the report, which will be equal to the number of lines used unless more than one person is entered on a line

*All entries are on the Quarterly Staff Utilization Report unless otherwise indicated.

For individuals who were full-time employees of the PCC for a full quarter, the sum of hours worked in the 14 program functions plus hours of "Leave" plus hours worked on "Advocacy or Non-PCC Funded Programs" should not be less than about 520, if the regular work-week is 40 hours, or 455, if the regular work week is 35 hours. For part-time staff and/or staff who were employed by the PCC for only a part of the quarter, the Data Coordinator can make a rough estimate of what the total reported hours should be, by multiplying the number of days worked by the number of hours worked per day. Reported total hours which are significantly less than the minimum so calculated are

suspect and should be explained in the narrative.

The Data Coordinator should also check for consistency between the "$ Value of Wages and Salaries Accrued Quarterly" and the total hours reported on each line. The former divided by the latter should be "reasonably" close to the official hourly rate which the person or persons entered on that line are receiving. In no case would the calculated hourly rate be greater than the official hourly rate; the former may be somewhat less than the latter, if the hours reported include uncompensated overtime work.

INTERNAL CROSS CHECKS FOR THE QUARTERLY REPORT ON DONATED SERVICES
(Allowable as Non-Federal Share)

ENTRY*	CROSS CHECK	ENTRY OR ENTRIES*
"Total Number of Professional Workers Listed Below"	Must be equal to the	Individuals reported on the first page of the report, which will be equal to the number of lines used unless more than one person is entered on a line.
"Total Number of Non-Professionals Listed Below"	Must be equal to the sum of	Individuals reported on the second page of the report, which will be equal to the number of lines used unless more than one person is entered on a line.

*All entries are on the Quarterly Report on Donated Services.

The Data Coordinator should also check for consistency between the "Estimated $ Value of Services Provided Quarterly" and the total hours reported on each line. The former divided by the latter should yield a "reasonable" hourly rate. Judgements about "reasonableness" depend on the type of service provided, as indicated by the "JOB TITLE." In no case, however, should the hourly rate turn out to be less than the Federal minimum wage plus F.I.C.A.

INTERNAL CROSS CHECKS FOR THE

QUARTERLY REPORT ON DONATED SERVICES
VOLUNTEERED OR PAID FOR FROM OTHER FEDERAL AGENCIES
(Not Allowable as Non-Federal Share)

ENTRY*	CROSS CHECK	ENTIRES*
"Total Number of Workers Listed Below"	Must be equal to the sum of	Individuals reported in this report, which will be equal to the number of lines used unless more than one person is entered on a line.

* All entries are on the Quarterly Report on Donated Services Volunteered or Paid For From Other Federal Agencies

The Data Coordinator should also check for consistency between the "Estimated $ Value of Services Provided Quarterly" and the total hours reported on each line. The former divided by the latter should yield a "reasonable" hourly rate. Judgements about "reasonableness" depend on the type of service provided, as indicated by the "JOB TITLE". In no case, however, should the hourly rate be less than the Federal minimum wage plus F.I.C.A.

QUARTERLY NARRATIVE REPORT

INSTRUCTIONS FOR FILLING OUT THE

QUARTERLY NARRATIVE REPORT

Directors must complete a three to five page narrative report to accompany the quarterly statistical and financial data. The narrative statement is intended to clarify and complement the quarterly reports and to serve as a mechanism for communicating problems and progress to date. Information from this report is also used in the quarterly management report on management operating problems, prepared by the national office. The narrative should address the three topics outlined below.

BRIEF SUMMARY OF ACHIEVEMENTS AND CHANGES IN THE PROGRAM

Directors are asked to summarize how resources have been used over the past quarter and to project use of resources during the coming three months. Include unanticipated problems in the use of program resources, change in projected uses, and changes in program priorities. Also indicate areas of notable innovation and success including a description of the associated resources. Changes in key personnel such as Director and Data Coordinator should also be reported here.

SPECIAL PROBLEMS

Directors are asked to respond to the question "What specific problems currently face your program or are likely to cause concern over the next quarter of operations?" Identify problems related to finances and resources, staffing, participant recruitment, grantee and delegate agency relationships, and all circumstances within the program or the community which adversely affect steady program operations. For example, have licensing requirements restricted or otherwise adversely affected your recruitment of staff, use of staff, or the location or use of physical facilities, the operating hours of the program, or the operations of your program? Is the transportation of children and the wide geographic distribution of parents a limiting factor for your program? Are the current facilities inadequate to meet the needs of the program? Do recordkeeping and information reporting drain unduly from your program? Is English the second language for many of your participants? Is your program expected to respond to different cultures thay may be in conflict or competition? Is the area your program serves economically depressed and/or short of the resources, either financial or volunteer, necessary for steady (even) program operation? Is there serious racial or other discrimination in the community(s) your program serves?

UNUSUAL CIRCUMSTANCES LIKELY TO DISTORT STATISTICAL REPORTING

Directors are asked to identify circumstances which distort statistical reporting or circumstances which clarify specific data items on the quarterly reports, including data difficult or impossible to obtain.

Include circumstances affecting staff or participant turnover, service delivery and staff time use, seasonal variations in enrollment and program gram operations, and data that does not accurately represent the activities, performance or functioning of the program. Also indicate any data that are not being reported that you feel would be helpful to others in gaining an accurate and fair picture of the program. Be sure to make cross-references in your narrative statement to indicate the exact statistical report to which you are referring.

QUARTERLY REPORT ON PARTICIPANT CHARACTERISTICS

QUARTERLY REPORT ON PARTICIPANT CHARACTERISTICS

U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use
Date Received
[1-5] [ ][ ][ ][ ][ ]
[6-9] [ ][ ][ ][ ]

GRANTEE _____
PCC _____
GRANT NUMBER _____
QUARTER ENDING _____
month / day / year

[10-11] 0 1 CARD

[12-14] _____ Families Enrolled at End of Quarter
[15-16] _____ New Families Enrolled During Quarter
[17-18] _____ Families Reinstated During Quarter
[19-20] _____ Families Terminated During Quarter

For Those Families Terminated During the Quarter, and Not Currently Enrolled at the PCC, give the following information:

Number of Months Terminated Families were Enrolled in the PCC Program (show number of families for each category below):

[21-22] _____ Less than 1 Month
[23-24] _____ 1-3 Months
[25-26] _____ 4-6 Months
[27-28] _____ 7-9 Months
[29-30] _____ 10-12 Months
[31-32] _____ 13-18 Months
[33-34] _____ 19-24 Months
[35-36] _____ 25-36 Months
[37-38] _____ 37-48 Months
[39-40] _____ Over 48 Months

Reasons for Termination (show number of families for each reason below):

[41-42] _____ Moving from Service Area
[43-44] _____ Lack of Transportation
[45-46] _____ No Longer Focal Child
[47-48] _____ Illness (Self or Family)
[49-50] _____ Lack of Interest
[51-52] _____ Income Above Level of Eligibility
[53-54] _____ Language Barrier
[55-56] _____ Other (specify): _____

[10-11] 0 2 CARD

Families Enrolled at the End of the Quarter:

[12-14] _____ Female Head of Household
[15-16] _____ Language Other than English
[17-18] _____ Household with Handicapped children
[19-21] _____ Receiving AFDC or Public Assistance
[22-24] _____ Income Below Poverty Level

Households with:

[25-26] _____ 2 or 3 members
[27-28] _____ 4 or 5 members
[29-30] _____ 6 or 7 members
[31-32] _____ 8 or more members

Participating Children Aged:

[33-35] _____ 0 to 3
[36-38] _____ 3 to 4
[39-41] _____ 4 to 6
[42-44] _____ 6 to 9
[45-47] _____ 9 Years or Over

[10-11] 0 3 CARD

Participants by Ethnicity	No. of Families	Total No. Participants
1 Mexican-American	[12-14] _____	[39-41] _____
2 Puerto Rican	[15-17] _____	[42-44] _____
3 Other Caucasian	[18-20] _____	[45-47] _____
4 Black	[21-23] _____	[48-50] _____
5 American Indian	[24-26] _____	[51-53] _____
6 Native Alaskan	[27-29] _____	[54-56] _____
7 Polynesian	[30-32] _____	[57-59] _____
8 Oriental	[33-35] _____	[60-62] _____
9 Other (specify): _____	[36-38] _____	[63-65] _____

Abt Associates Inc. 6/72

Signature of Person Preparing Form | Phone | Date

QUARTERLY REPORT ON PARTICIPANT CHARACTERISTICS

Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use
Date Received
[1-5] [6-9]

GRANTEE Rio Grande Community Action Agency
PCC LYNNPCC, Inc
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

[10-11] 01 CARD

[12-14]	54	Families Enrolled at End of Quarter	[17-18] 1	Families Reinstated During Quarter
[15-16]	13	New Families Enrolled During Quarter	[19-20] 3	Families Terminated During Quarter

For Those Families Terminated During the Quarter, and Not Currently Enrolled at the PCC, give the following information:

Number of Months Terminated Families were Enrolled in the PCC Program (show number of families for each category below):

[21-22]	1	Less than 1 Month	[31-32] 1	13-18 Months
[23-24]	0	1-3 Months	[33-34] 0	19-24 Months
[25-26]	0	4-6 Months	[35-36] 0	25-36 Months
[27-28]	0	7-9 Months	[37-38] 0	37-48 Months
[29-30]	1	10-12 Months	[39-40] 0	Over 48 Months

Reasons for Termination (show number of families for each reason below):

[41-42]	1	Moving from Service Area	[49-50] 0	Lack of Interest
[43-44]	0	Lack of Transportation	[51-52] 1	Income Above Level of Eligibility
[45-46]	0	No Longer Focal Child	[53-54] 0	Language Barrier
[47-48]	1	Illness (Self or Family)	[55-56] 0	Other (specify):

[10-11] 02 CARD

Families Enrolled at the End of the Quarter:

[12-14]	33	Female Head of Household	[19-21] 28	Receiving AFDC or Public Assistance
[15-16]	19	Language Other than English	[22-24] 50	Income Below Poverty Level
[17-18]	8	Household with Handicapped children		
		Households with:		Participating Children Aged:
[25-26]	12	2 or 3 members	[33-35] 55	0 to 3
[27-28]	27	4 or 5 members	[36-38] 20	3 to 4
[29-30]	7	6 or 7 members	[39-41] 21	4 to 6
[31-32]	8	8 or more members	[42-44] 41	6 to 9
			[45-47] 39	9 Years or Over

[10-11] 03 CARD

Participants by Ethnicity		No. of Families		Total No. Participants
1 Mexican-American	[12-14]	21	[39-41]	
2 Puerto Rican	[15-17]	0	[42-44]	
3 Other Caucasian	[18-20]	33	[45-47]	
4 Black	[21-23]	0	[48-50]	
5 American Indian	[24-26]	0	[51-53]	
6 Native Alaskan	[27-29]	0	[54-56]	
7 Polynesian	[30-32]	0	[57-59]	
8 Oriental	[33-35]	0	[60-62]	
9 Other (specify):	[36-38]	0	[63-65]	

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marion Rios	[illegible]	10-2-72

INSTRUCTIONS FOR FILLING OUT THE QUARTERLY REPORT ON PARTICIPANT CHARACTERISTICS

This report provides basic information on the characteristics of PCC participants including: number of enrolled families and participants by ethnicity, family turnover, reasons for termination and length of time terminated families participated in the program. The report also provides a breakdown of children by age and other pertinent information about enrolled families which may have a bearing on program operations and contract compliance. This report may be used to review the composition of the client population, to analyze changes in that population over time, and to assess whether or not the orientation of the program is appropriate for the size and composition of the PCC clientele. This report is used by the national office in preparing the following management reports:

- I Report #2 Summary of Potential Problems
- II Report #3 Frequency of Service Per Participant
- II Report #5 PCC Costs Per Participant
- III.A. Unit Costs (Total Program)
- III.C. Participant Characteristics

PROCEDURE

One of these reports should be completed for your PCC as of the last business day of each quarter. The information needed to fill out this quarterly report must be compiled from Family In-Take Records and Family Enrollment Records for all families currently enrolled and all families terminated during the quarter. Do not include families who have applied for participation, but are not yet enrolled, or families who are served primarily by Advocacy or Non-PCC funded components.

In order to complete the quarterly report, you will have to consult specific data items on Family In-Take Records and Family Enrollment Records from the following family files:

- New Families Enrolled This Quarter
- Families Reinstated This Quarter
- Families Currently Enrolled
- Families Terminated This Quarter

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for completing items which appear on the Quarterly Report on Participant Characteristics.

QUARTER ENDING

Indicate the month, day and year of the last calendar day of the quarter. This should be the last day of a month.

NEW FAMILIES ENROLLED DURING QUARTER

Include all new families enrolled for the first time during the quarter, whether or not they are still enrolled at the end of the quarter. Count only entire families newly enrolled, not individual participants.

- Count the number of individual family records filed under "New Families Enrolled"
- Check the Date of Enrollment recorded on all Family Enrollment Records filed under "Terminations and "Reinstatements" to determine if these families were also new enrollments during the quarter.
- Enter the total in the appropriate blank

FAMILIES REINSTATED DURING QUARTER

Include all families who were terminated at some in the past and reinstated during the quarter, whether or not they are still enrolled. Count only the reinstatements of entire families, not individual participants.

- Count the number of individual family records filed under "Reinstatements This Quarter"
- Check the Date of Reinstatement on all Family Enrollment Records filed under "Terminations" to determine if these families were also reinstated, prior to their termination, during this quarter.
- Enter the total in the appropriate blank

FAMILIES TERMINATED DURING QUARTER

Include all families terminated during this quarter whether or not they were later reinstated. Count only the terminations of entire families, not individual participants.

- Count the number of individual family records filed under "Terminations This Quarter."
- Check the Date of Termination on all Family Enrollment Records filed under "Reinstatements" to determine whether these families were also terminated, prior to their reinstatement, during this quarter.
- Enter the total in the appropriate blank

NOTE: If separate files are not maintained each quarter for current families, new families, reinstatements and terminations, you will have to: (1) Check dates of enrollment, termination and reinstatement on all Family Enrollement Records, or (2) Keep a tally sheet each quarter where new enrollments, reinstatements and terminations are recorded as they occur.

FAMILIES ENROLLED AT END OF QUARTER

Count the number of individual families enrolled at the end of the quarter (that is, all families participating in the program as of the last day of the quarter) and record the total in the appropriate blank. Include families whose records are filed under:

- New Families Enrolled This Quarter
- Families Reinstated This Quarter
- Families Currently Enrolled

Do not include:

- Families Terminated During This Quarter (and not Reinstated).

NUMBER OF MONTHS TERMINATED FAMILIES WERE ENROLLED IN THE PCC PROGRAM

For each family which was terminated during this quarter and was not subsequently reinstated, figure the total number of months during which that family participated in the program. Use a separate line for each termination. Enter the total number of families to which each length of time (e.g., 1 - 3 months; 4 - 6 months) applies.

- To Calculate -- Figure the total number of months elapsed between the "Date of Enrollment" and the "Date of Termination" recorded on the first page of the Family Enrollment Record, and enter the figure in the appropriate blank. In the case of a terminated family who was previously terminated and reinstated, add the number of months between "Date of Enrollment" and "Date of Termination" to the total number of months between "Date of Reinstatement" and "Date of Termination (after Reinstatement)."

REASONS FOR TERMINATION

For each family which was terminated during the quarter and was not subsequently reinstated, check the appropriate reason for termination. Indicate the number of families to whom that reason applies. This information is recorded on the second page of the Family Enrollment Record.

FAMILIES ENROLLED AT THE END OF THE QUARTER

The remaining data items on the quarterly report apply only to families enrolled in the PCC Program at the end of the quarter. (Do not include families who were terminated and not subsequently reinstated). The information needed to complete this section is recorded on Family In-Take Records.

FEMALE HEAD OF HOUSEHOLD

Look at the item marked "Name of Head of Household" on the Family In-Take Record. Total the number of families showing a female head of household.

LANGUAGE OTHER THAN ENGLISH

Look at the item marked "Lanugage Most Often Spoken in the Home" on the Family In-Take Record. Total the number of families who have answered with a language other than English.

HOUSEHOLD WITH HANDICAPPED CHILDREN

Look at the item marked "Handicaps (specify)" on page three of the Family In-Take Record. Total the number of families showing one or more children with a handicap(s).

RECEIVING AFDC OR PUBLIC ASSISTANCE

Look at the item marked "Federally Sponsored Programs" on the Family In-Take Record. Total the number of families who have checked "Welfare."

INCOME BELOW POVERTY LEVEL

Look at three items on page two of the Family In-Take Record (1) Total Number of Members in the Household, (2) Total Family Income, and (3) Farm or Non-Farm. Use the table enclosed here marked OEO POVERTY GUIDELINES* (For Alaska, Hawaii, and all Other States) to determine whether or not each family is below poverty level.

- Determine each family's size and income
- Find the poverty level for that family size on the appropriate chart (farm or non-farm)
- If the family income recorded on the In-Take Record is equal to or less than the poverty level income shown, count the family as "below the poverty level."
- Total the number of families with incomes below the poverty level, and enter the figure in the appropriate blank

NOTE: Any family on welfare should be included as "Below Poverty Level" even if welfare payments exceed the OEO guidelines.

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*OEO Poverty Guidelines are periodically revised. The PCC should be careful to use the current guidelines at all times.

HOUSEHOLDS WITH ...

Look at the item marked "Total Number of Members in the Household" on page two of each Family In-Take Record. Find the total number of families for each family size category listed, and enter the appropriate figures. Count families with only one member in the "2 or 3" category and make a note to this effect in your Quarterly Narrative Report.

- Check: The sum of the four totals entered in the blanks should correspond with the figure entered under "Families Enrolled At End of Quarter."

PARTICIPATING CHILDREN AGED

Look at the item marked "Date of Birth" on page three of the Family In-Take Record. Figure the age of all children under 18 for all families and find the total number of children for each of the five age groups.

PARTICIPANTS BY ETHNICITY

- Number of Families

Look at the item marked "Ethnicity" under "Parent or Guardian" on the Family In-Take Record. Sort the family records into separate piles representing the nine ethnic groups. Count the number of families in each group and record the totals in the appropriate blanks.

Check: The sum of the 9 totals entered in the blanks should correspond with the figure entered in "Families Enrolled at End of Quarter."

- Total Number of Participants

Assume that all participants in a family are of the same ethnicity as the parent or guardian (although this is not always true). Look at the item marked "Total Number of Members in the Household" on the Family In-Take Records for each family in each ethnic group. Count the number of participants in each group and enter the totals in the appropriate blank.

Example: If two families have Mexican-American parents or guardians, enter the number "two" in the appropriate blank under "Number of Families." If one of those families has 3 members and the other has 5 members, the total number of Mexican-American participants would be 8.

OCD Low Income Guidelines

The following table sets forth family income levels at or above which families with the designated number of children shall be considered non-low income.

Income	Number of Children
$4231	1
4321	2
4901	3
5551	4
6201	5
6851	6
7501	7
8151	8
8801	9
9451	10

Allow for the higher cost of living in Alaska and Hawaii by multiplying each dollar figure by 1.25 for Alaska and 1.15 for Hawaii.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.

- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, pages III-4 - III-7.

- The person preparing the report must sign the form as indicated

QUARTERLY REPORT ON STAFF CHARACTERISTICS

QUARTERLY REPORT ON STAFF CHARACTERISTICS

U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use
Date Received _____
[1-5] [ ][ ][ ][ ][ ]
[6-9] [ ][ ][ ][ ]

GRANTEE _____
PCC _____
GRANT NUMBER _____
QUARTER ENDING _____
month / day / year

[10-11]
[0][4]
CARD

Permanent Full- and Part-Time Employees

[12-13] _____ Employees on Payroll at End of Quarter
[14-15] _____ New Employees Hired During Quarter
[16-17] _____ Employees Reinstated During Quarter
[18-19] _____ Employees Terminated During Quarter

For Those Employees Terminated during the Quarter and Not Currently Employed at the PCC, Give the Following Information:

Number of Months Terminated Employees Worked at the PCC (show number of employees for each category below):

[20-21] _____ Less than 1 Month
[22-23] _____ 1-3 Months
[24-25] _____ 4-6 Months
[26-27] _____ 7-9 Months
[28-29] _____ 10-12 Months
[30-31] _____ 13-18 Months
[32-33] _____ 19-24 Months
[34-35] _____ 25-36 Months
[36-37] _____ 37-38 Months
[38-39] _____ Over 48 Months

Reasons for Termination (show number of employees for each reason below):

[40-41] _____ Moving
[42-43] _____ Better Job
[44-45] _____ Further Education
[46-47] _____ Pregnancy
[48-49] _____ Other (specify):
[50-51] _____ Health
[52-53] _____ Retirement
[54-55] _____ Dismissal
[56-57] _____ Personal Reasons

[10-11]
[0][5]
CARD

Permanent Full- and Part-Time Employees on the Payroll at End of Quarter:

[12-13] _____ Males
[14-15] _____ Females
[16-17] _____ Staff who have been or currently are PCC participants
[18-19] _____ Part-Time Employees
[20-21] _____ Full-Time Employees
[22-23] _____ Professionals
[24-25] _____ Non-Professionals
[26-27] _____ Administrative Staff
[28-29] _____ Direct Service Staff
[30-31] _____ Support Staff

Employees by Ethnicity:

[32-33] _____ Mexican American
[34-35] _____ Puerto Rican
[36-37] _____ Other Caucasian
[38-39] _____ Black
[40-41] _____ American Indian
[42-43] _____ Native Alaskan
[44-45] _____ Polynesian
[46-47] _____ Oriental
[48-49] _____ Other (specify):

[50-51] _____ Total Number of Temporary Paid Employees

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

QUARTERLY REPORT ON STAFF CHARACTERISTICS

for HEW use
Received
[1-5]
[6-9]

GRANTEE Rio Grande Community Action Agency
PCC Lynn PCC, Inc.
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

[10-11] 04
CARD

Permanent Full- and Part-Time Employees

[12-13]	16	Employees on Payroll at End of Quarter	[16-17]	0	Employees Reinstated During Quarter
[14-15]	2	New Employees Hired During Quarter	[18-19]	3	Employees Terminated During Quarter

For Those Employees Terminated during the Quarter and Not Currently Employed at the PCC, Give the Following Information:

Number of Months Terminated Employees Worked at the PCC (show number of employees for each category below):

[20-21]	0	Less than 1 Month	[30-31]	0	13-18 Months
[22-23]	0	1-3 Months	[32-33]	1	19-24 Months
[24-25]	0	4-6 Months	[34-35]	1	25-36 Months
[26-27]	0	7-9 Months	[36-37]	0	37-38 Months
[28-29]	0	10-12 Months	[38-39]	0	Over 48 Months

Reasons for Termination (show number of employees for each reason below):

41]	0	Moving	[50-51]	0	Health
[42-43]	0	Better Job	[52-53]	0	Retirement
[44-45]	2	Further Education	[54-55]	0	Dismissal
[46-47]	0	Pregnancy	[56-57]	0	Personal Reasons
[48-49]	0	Other (specify):			

[10-11] 05
CARD

Permanent Full- and Part-Time Employees on the Payroll at End of Quarter:

[12-13]	5	Males			Employees by Ethnicity:
[14-15]	21	Females	[32-33]	9	Mexican American
[16-17]	8	Staff who have been or currently are PCC participants	[34-35]	0	Puerto Rican
			[36-37]	18	Other Caucasian
[18-19]	18	Part-Time Employees	[38-39]	0	Black
[20-21]	8	Full-Time Employees	[40-41]	0	American Indian
[22-23]	8	Professionals	[42-43]	0	Native Alaskan
[24-25]	18	Non-Professionals	[44-45]	0	Polynesian
[26-27]	3	Administrative Staff	[46-47]	0	Oriental
[28-29]	18	Direct Service Staff	[48-49]	0	Other (specify):
[30-31]	5	Support Staff			

[50-51] 1 Total Number of Temporary Paid Employees

Abt Associates Inc. 6/72

III: C-2

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-5-72

INSTRUCTIONS FOR FILLING OUT THE QUARTERLY REPORT ON STAFF CHARACTERISTICS

This report provides basic information on PCC personnel including staff turnover, reasons for termination and length of time staff members worked for the PCC. The report also provides pertinent characteristics data such as number of employees by sex, ethnicity, full-time or part-time status, and staff category--information indicative of program organization and operations. This report can be used to evaluate staff turnover, to conduct a general review of the program, to determine whether or not the composition of the staff is appropriate to the goals and objectives of the program and to assess the correlation between staff composition and composition of the PCC client population. This report is used by the national office to prepare the following management reports:

- I Report #2 Summary of Potential Problems
- III.D. Staff Characteristics

PROCEDURE

One of these reports should be completed for your PCC on the last business day of each quarter. The information needed to fill out this quarterly report must be compiled from Employee In-Take Records for all paid staff currently employed and all staff terminated during the quarter. Include:

- Permanent full-time and part-time staff members
- Staff whose salary is paid in whole or in part by the PCC
- Staff who by all criteria except payment mechanism are considered permanent employees. (e.g., day home mothers paid on a per child basis or on a consulting basis)

Do not include staff characteristics data for temporary or occasional workers paid by the PCC or other persons who work at the PCC but are not considered regular staff members. The total number of temporary paid employees should be recorded only in the last entry on this Quarterly Report.

Do not include:

- Volunteers
- Consultants (unless considered by the PCC to be regular staff members)
- Contract service personnel

- Staff members who work for the PCC but are paid in full by another agency
- Staff who are paid from Advocacy or Non-PCC funds
- Job applicants who have not yet been hired

In order to complete the quarterly report, you will have to consult Employee In-Take Records from the following Employee files:

- New Staff This Quarter
- Reinstatements This Quarter
- Current Staff
- Terminations This Quarter

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for completing items which appear on the Quarterly Report on Staff Characteristics.

QUARTER ENDING

Indicate the month, day and year of the last calendar day of the quarter. This should be the last day of a month.

NEW EMPLOYEES HIRED DURING QUARTER

Include all staff hired for the first time during the quarter, whether or not they are still employed at the end of the quarter.

- Count the number of Employee In-Take Records filed under "New Staff This Quarter".
- Check the Date of Employment recorded on all Employee In-Take Records filed under "Terminations" and "Reinstatements" to determine if these individuals were also hired during the quarter.
- Enter the total in the appropraite blank.

EMPLOYEES REINSTATED DURING QUARTER

Include all staff who were terminated at some time in the past and reinstated during the quarter, whether or not they are still employed.

- Count the number of Employee In-Take Records filed under "Reinstatements This Quarter"
- Check the Date of Reinstatement on all Employee In-Take Records filed under "Reinstatements" to determine whether these individuals were also terminated, prior to their reinstatement, during this quarter.
- Enter the total in the appropriate blank

Note: If separate files are not maintained each quarter for current staff, new staff, reinstatements and terminations, you will have to (1) Check dates of employment, termination and reinstatement on all paid staff records or (2) Keep a tally sheet each quarter where staff hired, reinstatements and terminations are recorded as they occur.

EMPLOYEES ON PAYROLL AT END OF QUARTER

Count the number of individual employees on the payroll at the end of the quarter and record the total in the appropriate blank. Include staff members whose records are filed under:

- Current Staff
- New Staff Hired This Quarter
- Reinstatements This Quarter

Do not include individuals no longer employed at the PCC.

NUMBER OF MONTHS EACH TERMINATED EMPLOYEE WORKED AT THE PCC

For each employee who was terminated during the quarter and not subsequently reinstated, figure the total number of months during which that person was employed by the PCC. Enter the number of employees to whom each length of time (e.g., 1 - 3 months, 4 - 6 months) applies.

- To calculate -- Figure the total number of months elapsed between the "Date of Employment" and the "Date of Termination" recorded on the Employee In-Take Record. In the case of a terminated employee who was previously terminated and reinstated, add the number of months between "Date of Employment" and "Date of Termination" to the total number of months between "Date of Reinstatement" and "Date of Termination (after Reinstatement)".

REASONS FOR TERMINATION

For each employee who was terminated during this quarter (and is not currently employed by the PCC), check the reason for the termination, and indicate the number of employees to whom that reason applies. This information is recorded on the Employee In-Take Record.

EMPLOYEES ON THE PAYROLL END OF QUARTER

The remaining data items on the quarterly report apply only to permanent full and part-time employees on the payroll at the end of the quarter. The information is recorded on Employee In-Take Records.

MALES/FEMALES

Count the number of males and the number of females currently employed by the PCC and enter totals in the appropriate blank. This information is recorded on the first page of each Employee In-Take Record.

- Check: Total number of both males and females employed should correspond with the figure entered in "Employees on Payroll at End of Quarter".

STAFF WHO HAVE BEEN OR CURRENTLY ARE PCC PARTICIPANTS

Count the total number of employees who answered either "Yes" or "It did" to the question "Is your family participating in the PCC Program?" The question is asked on the first page of the Employee In-Take Record.

FULL TIME/PART TIME

Count the number of full time and part time staff currently employed and record the totals in the appropriate blanks. This information is recorded on the second page of each Employee In-Take Record.

- Check: The sum of the totals entered in each category should correspond with the figure entered in "Employees on Payroll at End of Quarter."

PROFESSIONAL/NON-PROFESSIONAL

Count the number of professional and non-professional staff currently employed and record the totals in the appropriate blanks. This information is recorded on the second page of each Employee In-Take Record.

- Check: The sum of the totals entered in each category should correspond with the figure entered in "Employees on Payroll at End of Quarter".

ADMINISTRATIVE, DIRECT SERVICE AND SUPPORT STAFF

Count the number of administrative staff, direct service staff and support staff currently employed and record the totals in the appropriate blanks. This information is recorded on the second page of Employee In-Take Record.

- Check: The sum of the totals entered in each staff category should correspond with the figure entered in "Employees on Payroll at End of Quarter".

EMPLOYEES BY ETHNICITY

Total the number of employees who are members of each ethnic group. Count each employee in only one group. This information is recorded on the first page of Employee In-Take Record.

- Check: The total of all figures entered for each group should correspond with the figure entered in "Employees on Payroll at End of Quarter".

TEMPORARY EMPLOYEES

Record the total number of temporary or occasional workers paid by the PCC. Do not include consultants.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.

- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, page III-8 .

- The person preparing the report must sign the form as indicated

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS I

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS I

for HEW use
Date Received _____
[1-5] [ ][ ][ ][ ][ ]
[6-9] [ ][ ][ ][ ]

GRANTEE _____
PCC _____
GRANT NUMBER _____
QUARTER ENDING _____
month / day / year

[10-11] 06
CARD

Program Operations

[12-13] _____ Total Number of Days PCC Operated During the Quarter
[14-15] _____ Total Number of Days Child Care Services Provided During the Quarter
[16] _____ Total Number of Centers at End of Quarter
[17-19] _____ Total Number of FOCAL CHILDREN Enrolled in Center(s) at End of Quarter
[20-21] _____ Total Number of Outreach Homes at End of Quarter
[22-24] _____ Total Number of FOCAL CHILDREN Enrolled in Outreach Homes at End of Quarter
[25-26] _____ Total Number of Day Homes at End of Quarter
[27-29] _____ Total Number of FOCAL CHILDREN Enrolled in Day Homes at End of Quarter

Participants

Indicate Number of Participants of Each Type Enrolled DURING THE QUARTER

[30-31] _____ Focal Mothers (Pregnant Women) [32-34] _____ Focal Children (0 to 3 years)

Indicate Number of Families Enrolled DURING THE QUARTER

[35-37] _____ Families Enrolled

Policy Council

[38-39] _____ Total Number of Policy Council Members at End of Quarter
[40-41] _____ Total Number of Parents Serving on the Policy Council at End of Quarter
[42-43] _____ Average Number of PARENT Members Attending Policy Council Meetings During the Quarter
[44-45] _____ Total Number of Policy Council Meetings Held During the Quarter

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS I

for HEW use
Date Received
[1-5] [6-9]

GRANTEE Rio Grande Community Action Agency
PCC Lynn PCC, Inc.
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

[10-11] 06
CARD

Program Operations

[12-13] 68 Total Number of Days PCC Operated During the Quarter
[14-15] 52 Total Number of Days Child Care Services Provided During the Quarter
[16] 1 Total Number of Centers at End of Quarter
[17-19] 36 Total Number of FOCAL CHILDREN Enrolled in Center(s) at End of Quarter
[20-21] 17 Total Number of Outreach Homes at End of Quarter
[22-24] 19 Total Number of FOCAL CHILDREN Enrolled in Outreach Homes at End of Quarter
[25-26] 0 Total Number of Day Homes at End of Quarter
[27-29] 0 Total Number of FOCAL CHILDREN Enrolled in Day Homes at End of Quarter

Participants

Indicate Number of Participants of Each Type Enrolled DURING THE QUARTER

[30-31] 6 Focal Mothers (Pregnant Women) [32-34] 59 Focal Children (0 to 3 years)

Indicate Number of Families Enrolled DURING THE QUARTER

[35-37] 57 Families Enrolled

Policy Council

[38-39] 31 Total Number of Policy Council Members at End of Quarter
[40-41] 16 Total Number of Parents Serving on the Policy Council at End of Quarter
[42-43] 15 Average Number of PARENT Members Attending Policy Council Meetings During the Quarter
[44-45] 4 Total Number of Policy Council Meetings Held During the Quarter

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-2-72

INSTRUCTIONS FOR FILLING OUT THE QUARTERLY REPORT ON SERVICES TO PARTICIPANTS I

This report provides the basic background data needed to review the subsequent two reports on services to participants, including information on the duration and type of program operations, the number of focal participants and families enrolled during the quarter, and the Policy Council's composition and degree of activity. This report is used by the national office in preparing the following quarterly management reports:

- I Report #2 Summary of Potential Problems
- II Report #5 PCC Cost Per Participant
- III.E. Program Services

PROCEDURE

One of these reports should be filled out for your PCC as of the last business day of each quarter. The information needed to fill out this quarterly report must be compiled from records stored in the following files:

- Informal records on center operations
- Family Enrollment Records
- Policy Council Records and Minutes

Do not include families served primarily by Advocacy or non-PCC funded components.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for completing items which appear on the Quarterly Report on Services To Participants I.

NUMBER OF DAYS PCC OPERATED DURING THE QUARTER

Enter the total number of days this quarter during which the program operated and facilities were open for PCC activities. Include days devoted to in-service staff training and staff meetings even if no services are provided to PCC participants. Also include days on which special outings, weekend activities and field trips were conducted by the PCC.

NUMBER OF DAYS CHILD CARE PROVIDED

Enter the total number of days this quarter during which child care was provided by the PCC whether in a center, in day homes, in outreach homes or some other location. Include days on which infant stimulation sessions were conducted in the home by home visitors.

NUMBER OF CENTERS AT END OF QUARTER

Record the total number of separate centers operated by the PCC at the end of the quarter. Count only sites which serve different clients and which are located in different physical facilities. Do not include (1) administrative offices, (2) program components that may be located in different buildings but are part of the same service center, (3) centers housing Advocacy or Non-PCC funded programs.

NUMBER OF FOCAL CHILDREN ENROLLED IN CENTERS AT END OF QUARTER

Count the total number of focal children served primarily in the center(s) at the end of the quarter.

NUMBER OF OUTREACH HOMES AT END OF QUARTER

Record the total number of families enrolled at the end of quarter who received most of the PCC's primary services, such as infant stimulation and educational services, in their own homes from visiting PCC staff members.

TOTAL NUMBER OF FOCAL CHILDREN ENROLLED IN OUTREACH HOMES AT END OF QUARTER

Record the total number of focal children served primarily in outreach homes.

NUMBER OF DAY HOMES AT THE END OF THE QUARTER

This section applies to those programs which provide home based child care services for children in a home other than the children's own home. Indicate the total number of day care homes or alternate homes operating at the end of the quarter.

NUMBER OF FOCAL CHILDREN ENROLLED IN DAY HOMES AT END OF QUARTER

Record the total number of focal children served primarily in day homes or alternate homes programs at the end of the quarter.

NOTE: Do not include any focal child in more than one of the following categories: Number of Focal Children Enrolled in Centers at Pnd of Quarter, Number of Focal Children Enrolled in Outreach Homes at End of Quarter, Number of Focal Children Enrolled in Day Homes at End of Quarter.

NUMBER OF PARTICIPANTS OF EACH TYPE ENROLLED DURING THE QUARTER

Enter the number of focal mothers (pregnant women) and focal children (0 to 36 months) enrolled at some time during the quarter. Include focal participants now in the program as well as focal participants terminated from the program during the quarter. Also include those women or children who were considered focal sometime during the quarter but who no longer qualify as focal participants. In order to compile this information, you will need to consult Family Enrollment Records in the following files:

- Families Currently Enrolled
- New Families Enrolled This Quarter
- Families Reinstated This Quarter
- Families Terminated This Quarter

Look at the second page of the Family Enrollment Records. Count the number of focal mothers recorded. Include women who gave birth during the quarter and would no longer be considered focal. Enter the total in the appropriate blank. Count the number of focal children recorded on the forms. Include children who were under three at some time during the quarter, but who are now over 36 months. Enter the total in the appropriate blank.

NUMBER OF FAMILIES ENROLLED DURING THE QUARTER

Include families participating in the program at the end of the quarter and all families who were terminated during the quarter and not subsequently reinstated. Count the number of individual family records filed under:

- New Families Enrolled This Quarter
- Families Reinstated This Quarter
- Families Currently Enrolled
- Families Terminated This Quarter

Enter the total in the appropriate blank.

TOTAL NUMBER OF POLICY COUNCIL MEMBERS

Record the total number of persons who are serving on the Policy Council as official, voting members at the end of the quarter. Include both parent and community members.

TOTAL NUMBER OF PARENTS SERVING ON THE POLICY COUNCIL

Record the total number of parents who are serving on the Policy Council as official, voting members at the end of the quarter.

AVERAGE NUMBER OF PARENT MEMBERS ATTENDING

Record the average number of parents who attended Policy Council meetings during the quarter and who were official, voting members. Do not include other parents who may attend meetings but who are not serving on the Policy Council as elected voting members.

TOTAL NUMBER OF POLICY COUNCIL MEETINGS HELD

Record the total number of official Policy Council meetings held during the quarter. Do not include training sessions conducted for parents serving or about to serve on the Policy Council.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.
- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, pages III-9 - III-10.
- The person preparing the report must sign the form as indicated

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS II

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS II

OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] | | | | | |

[6-9] | | | | |

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

[10-11] 07 CARD

Services to Families

NUMBER OF TIMES EACH SERVICE PROVIDED	SERVICE CATEGORY
[12-15] _____	Visited in Home by PCC Staff
[16-19] _____	[Telephone Contact]
[20-22] _____	[Attempted Visits]
[23-26] _____	Infant Education – Group Setting
[27-30] _____	Infant Education – Individual
[31-34] _____	Parent-Child Interaction Sessions
[35-38] _____	Programs for Siblings
[39-42] _____	Meals
[43-46] _____	Snacks
[47-50] _____	Family Counseling
[51-53] _____	Housing Assistance and Home Repairs
[54-56] _____	Babysitting
[57-60] _____	Transportation
[61-64] _____	Other Direct Social and Economic Services (Including Health)
[65-68] _____	Referrals to Social, Economic, and Health Services
[69-72] _____	Parent Education and Training

[10-11] 08 CARD

Parent Education and Training

Enter the Total Number of Parents Participating in each type of education and training during the quarter	Child Development	Family Life Education and Family Planning	Consumer Education	Health Education	GED (High School Equivalency)	Writing, Oral Communication, Instruction in Reading	Home Economics (sewing, cooking, nutrition, hygiene)	Job Training or Skill Development	Use of Community Resources	Orientation	Hobbies, Leisure Time and Recreation	Other (specify):
Number of Mothers	[12-14]	[15-17]	[18-20]	[21-23]	[24-26]	[27-29]	[30-32]	[33-35]	[36-38]	[39-41]	[42-44]	
Number of Fathers	[45-46]	[47-48]	[49-50]	[51-52]	[53-54]	[55-56]	[57-58]	[59-60]	[61-62]	[63-64]	[65-66]	

Total Number of *Different* Parents Who Participated in Education and Training Sessions During the Quarter . . . . . MOTHERS _____ [67-69] FATHERS _____ [70-72]

Abt Associates Inc. 6/72

III:E-1

Signature of Person Preparing Form	Phone	Date

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS II

U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use
Date Received
[1-5]
[6-9]

GRANTEE Rio Grande Community Action Agency
PCC Lynn PCC, Inc.
GRANT NUMBER H-8012.
QUARTER ENDING 9-30-72
month / day / year

[10-11] 07 CARD

Services to Families

	NUMBER OF TIMES EACH SERVICE PROVIDED	SERVICE CATEGORY
[12-15]	217	Visited in Home by PCC Staff
[16-19]	216	[Telephone Contact]
[20-22]	156	[Attempted Visits]
[23-26]	1537	Infant Education -- Group Setting
[27-30]	360	Infant Education -- Individual
[31-34]	1068	Parent-Child Interaction Sessions
[35-38]	115	Programs for Siblings
[39-42]	4588	Meals
[43-46]	1923	Snacks
[47-50]	288	Family Counseling
[51-53]	18	Housing Assistance and Home Repairs
[54-56]	12	Babysitting
[57-60]	6471	Transportation
[61-64]	383	Other Direct Social and Economic Services (Including Health)
[65-68]	156	Referrals to Social, Economic, and Health Services
[69-72]	915	Parent Education and Training

[10-11] 08 CARD

Parent Education and Training

Enter the Total Number of Parents Participating in each type of education and training during the quarter	Child Development and Family Planning	Family Life Education	Consumer Education	Health Education	GED (High) School Equivalency	Writing, Oral Communication (instruction in Reading, cooking, nutrition, hygiene)	Home Economics (sewing, or Skill Development	Job Training	Orientation to Community Resources	Hobbies, Leisure Time and Recreation	Other (specify):
Number of Mothers	35 [12-14]	21 [15-17]	15 [18-20]	9 [21-23]	4 [24-26]	0 [27-29]	12 [30-32]	10 [33-35]	2 [36-38]	8 [39-41]	0 [42-44]
Number of Fathers	0 [45-46]	3 [47-48]	0 [49-50]	0 [51-52]	10 [53-54]	0 [55-56]	0 [57-58]	0 [59-60]	0 [61-62]	15 [63-64]	0 [65-66]

Total Number of *Different* Parents Who Participated in Education and Training Sessions During the Quarter . . . . . MOTHERS 38 [67-69] FATHERS 20 [70-72]

Abt Associates Inc. 6/72

III: E-2

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-2-72

INSTRUCTIONS FOR FILLING OUT THE QUARTERLY REPORT ON SERVICES TO PARTICIPANTS II

This report is a one page summary of the quantities of major services provided to PCC participants, including detail on participation in parent education and training activities. In the context of the Quarterly Report on Services to Participants I, it provides the basis for a review of services provided to participants. Such a review should be particularly useful when data from the current quarter is compared with that from previous quarters and with similar data from other PCC's (provided in the quarterly management reports prepared by the national office). This report is used by the national office in preparing the following quarterly management reports:

- II Report #3 Frequency of Service Per Participant Report
- II Report #4 Cost Per Unit of Service Report
- III.E. Program Services

PROCEDURE

One of these reports must be filled out for your PCC as of the last business day of each quarter. The information needed to fill out this quarterly report must be compiled from all of the individual Weekly Family Service Records. Include all families who participated in the program at any time during the quarter, whether or not they are still enrolled in the PCC. Do not include families served primarily by Advocacy or Non-PCC funded components.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for completing items which appear on the Quarterly Report on Services to Participants II.

SERVICES PROVIDED

This information should be compiled from all Weekly Family Service Records for all families who participated at any time during the quarter. Add the totals recorded on each Record for each category of service and enter the results in the appropriate blank.

PARENT EDUCATION AND TRAINING

For each type of education or training, indicate the number of mothers and the number of fathers (or their surrogates) who participated at any time during the quarter: Add the checks recorded on Weekly Family Service Records for each category of parent education and training and enter the results in the appropriate blank.

TOTAL NUMBER OF DIFFERENT PARENTS WHO PARTICIPATED IN PARENT EDUCATION AND TRAINING DURING THE QUARTER

The data above indicates how many parents participated in each category of training and education. Indicate here the total number of different mothers and fathers who participated in any kind of training and education at least once during the quarter. Count the number of mothers who have at least one check on their individual service records. Count the number of fathers who have a least one check recorded on the individual service records. Enter the totals in the appropriate blanks.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.

- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, pages III-11 - III-12.

- The person preparing the report must sign the form as indicated

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS III

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS III

for HEW use
Date Received _____
[1-5]
[6-9]

GRANTEE _____
PCC _____
GRANT NUMBER _____
QUARTER ENDING _____
month / day / year

I-d:III

HEALTH SERVICES RECEIVED AND REFERALS MADE DURING QUARTER

PARTICIPANT GROUPS	General Medical Exam	Other General Medical Services	Emergency Health Services	Prenatal Health Services	Family Planning Services	Specialized Physical Health Services (e.g., vision, speech, hearing)	Specialized Physical Diagnosis/Evaluation/ Treatment (e.g., mental retardation)	Dental Exam	Other Dental Services	Provision of Medication	Provision of Equipment (e.g., glasses, hearing aid, orthopedic shoes)	Laboratory Tests (e.g., blood, urine, pregnancy)	Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)	Lead Poisoning Testing/ Treatment	Mental Health Services	Innoculations: DPT (last of set)	Polio (last of set)	Rubella	Measles	Mumps	Other (specify) _____	Cognitive Skills	Other _____	Total Number of Participants in Each Group Served During Quarter [10-11] 10 CARD
Focal Mothers																								[12-14]
Other Parents																								[15-17]
Other Adults																								[18-20]
Focal Children																								[21-23]
Other Children																								[24-26]
Total Number Who Received Each Service																								[27-29]
	[12-14]	[15-17]	[18-20]	[21-23]	[24-26]	[27-29]	[30-32]	[33-35]	[36-38]	[39-41]	[42-44]	[45-47]	[48-50]	[51-53]	[54-56]	[57-59]	[60-62]	[63-65]	[66-68]	[69-71]	[72-74]	[75-77]	[78-80]	Total

[10-11]
09
CARD

Ann Associates 5/72

Signature of Person Preparing Report	Phone	Date

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

QUARTERLY REPORT ON SERVICES TO PARTICIPANTS III

for HEW use
Date Received _____
[1-5] [ ][ ][ ][ ][ ]
[6-9] [ ][ ][ ][ ]

GRANTEE RIO GRANDE COMMUNITY ACTION AGENCY
PCC LYNN PCC, Inc.
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

III:F-2

PARTICIPANT GROUPS / HEALTH SERVICES RECEIVED AND REFERALS MADE DURING QUARTER	General Medical Exam	Other General Medical Services	Emergency Health Services	Prenatal Health Services	Family Planning Services	Specialized Physical Health Services (e.g., vision, speech, hearing)	Specialized Physical Diagnosis/Evaluation/ Treatment (e.g., mental retardation)	Dental Exam	Other Dental Services	Provision of Medication	Provision of Equipment (e.g., glasses, hearing aid, orthopedic shoes)	Laboratory Tests (e.g., blood, urine, pregnancy)	Special Laboratory Test (e.g., Tuberculosis, Cancer, Sickle Cell Anemia)	Lead Poisoning Testing/ Treatment	Mental Health Services	Innoculations: DPT (last of set)	Polio (last of set)	Rubella	Measles	Mumps	Other (specify) ____	Cognitive Skills	Other ____	Total Number of Participants in Each Group Served During Quarter [10-11] 10 CARD
Focal Mothers	3	0	0	6	2	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	6 [12-14]
Other Parents	2	0	4	0	3	0	0	7	4	1	0	8	0	0	0	0	0	0	0	0	0	0	0	14 [15-17]
Other Adults	1	0	0	0	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	2 [18-20]
Focal Children	0	0	0	0	0	0	0	20	18	0	0	0	0	33	0	4	0	0	6	0	0	10	0	36 [21-23]
Other Children	0	0	0	0	0	0	0	23	22	0	0	0	0	18	0	0	0	0	3	0	0	0	0	30 [24-26]
Total Number Who Received Each Service	6	0	4	6	5	1	0	50	44	6	0	8	0	51	2	4	0	0	9	0	0	10	0	88 [27-29]
[10-11] 09 CARD	[12-14]	[15-17]	[18-20]	[21-23]	[24-26]	[27-29]	[30-32]	[33-35]	[36-38]	[39-41]	[42-44]	[45-47]	[48-50]	[51-53]	[54-56]	[57-59]	[60-62]	[63-65]	[66-68]	[69-71]	[72-74]	[75-77]	[78-80]	Total

Abt Associates 6/72

Signature of Person Preparing Report	Phone	Date
Mary Stuart, LNP	612-492-6183	10-4-72

INSTRUCTIONS FOR FILLING OUT THE QUARTERLY REPORT ON SERVICES TO PARTICIPANTS III

This report contains a summary of the health services received by PCC participants either directly from, or through referral by, the PCC. Data is shown separately for focal mothers, other parents, other adults, focal children, and other children. When viewed in the context of other health services available to PCC participants in the community, this report provides the basis for a review of the delivery of health services by the PCC. This report is used by the national office in preparing the following quarterly management report:

- III.E. Program Services

PROCEDURE

One of these reports must be filled out for your PCC as of the last business day of each quarter. The information needed to fill out this quarterly report must be compiled from all individual Family Health Services Records. Include all families who participated in the program at any time during the quarter whether or not they are still enrolled in the PCC. Do not include families served primarily by Advocacy or Non-PCC funded components.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for completing items which appear on the Quarterly Report on Services to Participants III.

HEALTH SERVICES AND REFERRALS

For each type of health service, count the number of individual Family Health Records which have a check in that category for Focal Mothers and enter the total in the appropriate box on the Quarterly Report. Repeat the procedure for the remaining participant groups. Sum vertically to obtain the total number of persons receiving each service at least once during the quarter.

TOTAL NUMBER OF PARTICIPANTS IN EACH GROUP

Do not sum horizontally. The last column "Total Number of Participants in Each Group Served During Quarter" is not the sum of the figures in each horizontal row. Record here the total number of different participants in each group who received any type of health service or referral during the quarter. Look through all the Family Health Records and count the number of forms which have a check in at least one service category for "Focal Mother" and enter the total in the appropriate box. Repeat this procedure for the remaining participant groups. Sum vertically to obtain the total number of participants served during the quarter.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.

- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, pages III-13 - III-14.

- The person preparing the report must sign the form as indicated

QUARTERLY STAFF UTILIZATION REPORT

QUARTERLY STAFF UTILIZATION REPORT
(Paid Staff)

for HEW use

Date Received
[1-5] [6-9]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11] CARD 1 1

III-G-1

TOTAL NUMBER of PAID STAFF reported

$ Value of Wages and Salaries Accrued Quarterly

[12-13] JOB TITLE: Paid Staff	[14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT
(Paid Staff)

for HEW use

Date Received
[1-5] [6-9]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11] CARD 1 1

III-G-2

TOTAL NUMBER of PAID STAFF reported

$ Value of Wages and Salaries Accrued Quarterly

[12-13] JOB TITLE: Paid Staff	[14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT
(Paid Staff)

for HEW use

Date Received
[1-5] [6-9]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11] CARD 1 1

III:G-3

TOTAL NUMBER of PAID STAFF reported [ ]

$ Value of Wages and Salaries Accrued Quarterly

[12-13] JOB TITLE: Paid Staff	[14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT
(Consultants)

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] ☐☐☐☐☐

[6-9] ☐☐☐☐

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

1. List all of the PCC's consultants by their "Job Title".
2. Enter the $ values of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each consultant on each functional service during the quarter.

[10-11] 12 CARD

TOTAL NUMBER OF CONSULTANTS LISTED BELOW ☐

$ Value of Wages and Salaries Accrued Quarterly

III:G-4

[12-13]	JOB TITLE: Consultants [14-15]	[16-19]	[20-22] ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT	[23-25] ADMINISTRATION: PROGRAM PLANNING AND RESEARCH	[26-28] ADMINISTRATION: FUND RAISING	[29-31] CHILD SUPERVISION AND EDUCATION	[32-34] PARENT EDUCATION AND TRAINING	[35-37] SOCIAL AND ECONOMIC SERVICES TO FAMILY	[38-40] IN-TAKE EVALUATION AND REFERRAL	[41-43] HEALTH SERVICES	[44-46] FOOD SERVICES	[47-49] COMMUNITY ORGANIZATION	[50-52] TRANSPORTATION	[53-55] (PURE) RESEARCH	[56-58] OCCUPANCY	[59-61] STAFF DEVELOPMENT AND ON-THE-JOB TRAINING
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Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

QUARTERLY STAFF UTILIZATION REPORT

(Paid Staff)

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received
[1-5] [6-9]

GRANTEE RIO GRANDE COMMUNITY ACTION AGENCY
PCC LYNN PCC, Inc.
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11] CARD 11

TOTAL NUMBER of PAID STAFF reported: 29

[12-13]	JOB TITLE: Paid Staff [14-15]	$ Value of Wages and Salaries Accrued Quarterly [16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]
01	Director	3642	260	223	0	0	86	10	0	0	0	0	0	0	0	0	144	0
02	Program Assistant	2889	504	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0
03	Admin. Secretary	1804	433	0	0	0	0	0	0	0	0	0	0	0	0	0	48	0
04	Stenographer	789	179	0	0	0	0	0	0	0	0	0	0	0	0	0	80	0
05	[Stenographer]	789	182	0	0	0	0	0	0	0	0	0	0	0	0	0	40	0
06	Family Services Coor.	3022	102	75	50	0	0	78	52	43	0	0	0	0	0	54	0	60
07	Family Services Asst.	1281	0	0	0	0	0	120	124	91	0	12	55	0	0	40	40	15
08	Infant Stimulator	1422	0	0	0	243	152	0	0	0	16	0	26	0	0	0	42	0
09	Infant Stimulator (PT)	1281	0	0	0	275	64	0	0	0	21	0	0	0	15	0	8	0
10	Lead Teacher	1040	15	0	0	200	15	0	0	0	10	0	0	0	8	0	8	0
11	[Lead Teacher]	1040	0	0	0	191	34	0	0	0	12	0	0	0	18	0	0	0
12	Lead Teacher	2289	23	0	0	253	98	0	0	0	63	0	0	0	54	0	23	0
13	Lead Teacher	2076	31	0	0	262	51	0	0	0	71	0	0	0	58	0	24	0

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-6-72

III:G-5

QUARTERLY STAFF UTILIZATION REPORT

(Paid Staff)

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received
[1-5]
[6-9]

GRANTEE Rio Grande Community Action Agency
PCC Lynn PCC, Inc.
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11] CARD 1 1

TOTAL NUMBER of PAID STAFF reported

$ Value of Wages and Salaries Accrued Quarterly

[12-13]	JOB TITLE: Paid Staff [14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]	LEAVE [62-64]	ADVOCACY OR NON-PCC FUNDED PROGRAMS [65-67]
14	Asst. Teacher	1327	0	0	0	387	0	0	0	0	53	0	49	0	31	0	40	0
15	Asst. Teacher	1227	0	0	0	395	0	0	0	0	68	0	37	0	0	0	32	0
16	Asst. Teacher	1287	0	0	0	283	0	0	0	0	62	0	53	0	47	10	64	0
17	Cook	1227	0	0	0	0	0	0	0	0	400	0	0	0	64	0	40	0
18	Driver	1081	0	0	0	0	0	0	0	0	0	0	492	0	0	0	8	0
19	Driver (PT)	823	0	0	0	0	0	0	0	0	0	0	358	0	0	0	0	0
20	Parent Prog. Coor. (PT)	2235	0	0	0	0	230	0	0	0	0	9	18	8	126	10	0	0
21	Parent Prog. Asst.	1732	0	0	0	0	257	0	0	0	0	0	6	0	198	0	16	0
22	Janitor	1422	0	0	0	0	0	0	0	0	0	0	0	0	496	0	8	0
23	Curriculum & Data Coor.	2761	162	264	0	0	0	0	21	0	0	0	0	0	0	15	40	0
24	Parent Aide (PT)	380	0	0	0	237	0	0	0	0	0	0	0	0	0	0	0	0
25	Parent Aides-2 (PT)	760	0	0	0	474	0	0	0	0	0	0	0	0	0	0	0	0
26	Parent Aides-2 (PT)	760	0	0	0	474	0	0	0	0	0	0	0	0	0	0	0	0

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-6-72

QUARTERLY STAFF UTILIZATION REPORT
(Paid Staff)

for HEW use

Date Received
[1-5] [ ][ ][ ][ ][ ]
[6-9] [ ][ ][ ][ ]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

GRANTEE Rio Grande Community Action Agency
PCC Lynn PCC, Inc.
GRANT NUMBER H-8012
QUARTER ENDING 9-30-72
month / day / year

1. List all of the PCC's paid employees by their "Job Title".
2. Enter $ value of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each staff member on each functional service during the quarter.

[10-11] 1 1 CARD

TOTAL NUMBER of PAID STAFF reported [ ]

$ Value of Wages and Salaries Accrued Quarterly

[12-13] JOB TITLE: Paid Staff	[14-15]	[16-19]	[20-22] ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT	[23-25] ADMINISTRATION: PROGRAM PLANNING AND RESEARCH	[26-28] ADMINISTRATION: FUND RAISING	[29-31] CHILD SUPERVISION AND EDUCATION	[32-34] PARENT EDUCATION AND TRAINING	[35-37] SOCIAL AND ECONOMIC SERVICES TO FAMILY	[38-40] IN-TAKE EVALUATION AND REFERRAL	[41-43] HEALTH SERVICES	[44-46] FOOD SERVICES	[47-49] COMMUNITY ORGANIZATION	[50-52] TRANSPORTATION	[53-55] (PURE) RESEARCH	[56-58] OCCUPANCY	[59-61] STAFF DEVELOPMENT AND ON-THE-JOB TRAINING	[62-64] LEAVE	[65-67] ADVOCACY OR NON-PCC FUNDED PROGRAMS
27 Bus Driver (Temp.)		167	0	0	0	0	0	0	0	0	0	0	76	0	0	0	0	0
														-				

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-6-72

III : G-7

QUARTERLY STAFF UTILIZATION REPORT
(Consultants)

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] [ ][ ][ ][ ][ ]

[6-9] [ ][ ][ ][ ]

GRANTEE Rio Grande Community Action Agency

PCC Lynn PCC, Inc.

GRANT NUMBER H-8012

QUARTER ENDING 9-30-72
month / day / year

1. List all of the PCC's consultants by their "Job Title".
2. Enter the $ values of Wages and Salaries accrued during the quarter.
3. Enter a summary of the hours spent by each consultant on each functional service during the quarter.

[10-11] 12 CARD

TOTAL NUMBER OF CONSULTANTS LISTED BELOW: 1

$ Value of Wages and Salaries Accrued Quarterly

[12-13]	JOB TITLE: Consultants [14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
[ ][ ]	Program Consultant	$300	0	20	0	18	2	0	0	0	0	0	0	44	0	0
[ ][ ]																
[ ][ ]																
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III:G-8

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-2-72

INSTRUCTIONS FOR FILLING OUT THE

QUARTERLY STAFF UTILIZATION REPORT

This report is a summary of the compensation paid by the PCC to each individual including consultants who worked for the PCC at some time during the quarter, together with a description of how each individual's working hours were used to carry out the fourteen PCC program functions. The data in this report may be used to review the use of PCC staff time on an individual basis to decide whether or not each staff member and consultant is spending his/her time appropriately, given that person's skills, the compensation that person is receiving, and the organization and specific priorities of the PCC. Since personnel costs account for at least 75% of the total budget in most PCCs, such a review of the use of personnel time is a critical component of effective program management. This report is used by the national office in preparing the following quarterly management reports:

- I Report #2 Summary of Potential Problems
- II Report #4 Cost Per Unit of Service
- II Report #5 PCC Cost Per Participant
- II Report #6 Total Cost Per Functional Activity
- II Report #7 Federal and Non-Federal Cost Per Functional Activity
- II Report #8 Direct Cost Per Functional Activity
- II Report #9 Indirect Cost Per Functional Activity
- II Report #10 Personnel Hours Per Functional Activity
- III.A. Unit Costs (Total Program)
- III.B. Expenditures by Function (Total Program)

PROCEDURE

This form should be filled out as of the last day of each quarter. The information needed to complete the report must be obtained from your accounting department or bookkeeper and from Weekly Staff Utilization Records for (1) all full-time and part-time employees who are paid in part or in full by the PCC, (2) all paid consultants, and (3) all temporary employees paid by the PCC, who worked at some time during the quarter. Include Weekly Staff Utilization Records from the following employee files:

- New Staff Hired This Quarter
- Staff Reinstated This Quarter
- Staff Terminated This Quarter
- Current Staff
- Consultants
- Temporary Employees

Three pages have been provided to report all paid staff including temporary employees. Use the following guidelines in completing this report:

- List each full-time paid employee on a separate line
  - be sure to include new full-time employees hired during the quarter
  - be sure to include full-time employees terminated during the quarter and indicate terminations by placing brackets [] around the job title.
- List each part-time employee on a separate line and follow the procedure outlined above, unless you have an unusually large number of part-time staff.
- If you have a large number of part-time staff (parents, Family Friends, Senior Friends, etc.,), you may list several persons on one line if the following criteria are met:
  - only those persons who have the same job title and who receive the same hourly wage should be grouped together.
  - the total number of hours reported in any one functional category may not exceed 998 hours. If this occurs you must report the wages and hours for some of the persons grouped together on a separate line.*
  - indicate in parentheses the number of persons listed on the line.
- Number each entry by writing the appropriate number in the column of boxes on the left hand side of the page. Space is provided to write a two digit number for each entry. Start with 01 and number the entries consecutively.

Consultants should be reported separately from all other paid staff. A separate page has been provided for this purpose. List each paid consultant by job title on a separate line. Number the entries on the Consultants Staff Utilization Report consecutively starting with the number 01 for the first entry.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for completing items which appear on the Quarterly Staff Utilization Report.

QUARTER ENDING

Indicate the day, month, and year of the last calendar day of the quarter. This should be the last day of a month.

---

* No more than three digits (up to 999) can be recorded in any one functional category on a line because of the coding format. The number 999 is reserved as a special coding instruction and should not be used.

PAID STAFF

TOTAL NUMBER OF PAID STAFF REPORTED

Record here the total number of persons, whether listed individually or in groups, who are included in the Paid Staff section of this report. The figure recorded here must be equal to the sum of (1) employees on the payroll at the end of quarter plus (2) employees terminated during the quarter plus (3) temporary employees, as reported in the Quarterly Report on Staff Characteristics

JOB TITLE: PAID STAFF

List each person by job title who worked for the PCC and who earned wages from the PCC during this quarter. Include full-time and part-time employees and temporary employees whether they worked throughout the quarter or during some part of the quarter. List each employee on a separate line, unless you have an unusually large number of part-time workers. In this case, follow the procedure outlined above.

$ VALUE OF WAGES AND SALARIES ACCRUED QUARTERLY

For each paid employee listed on this report, record the $ value of wages or salary earned during the quarter whether or not these wages have actually been paid. Wages accrued represent the exact dollar value, before taxes and deductions, of renumeration for work performed, or earned leave taken during the quarter. If programs do not accrue wages, the correct figure will have to be calculated by multiplying each person's hourly wage times the number of payable hours worked between the first day of the quarter and the last day of the quarter. Round off all wages and salaries reported to the nearest whole dollar.

- Include the $ value of paid leave (i.e. paid vacation or sick leave) when the leave is taken
- Do not include the $ value of fringe benefits. The appropriate figures will be calculated by the national office based on each PCC's latest budget.

In no case should you report the $ value of wages earned if no hours are reported in the functional categories or the leave category. Nor is it possible to show hours worked or paid leave taken, if no earned wages are reported. For all hours reported in any category, including paid leave, you must show an appropriate figure under "$ Value of Wages and Salaries Accrued Quarterly" whether or not the wages are paid at this time.

FUNCTIONAL CATEGORIES

For each person or persons listed on each line, add up the total number of hours worked in each functional category as reported on the Weekly Staff Utilization Records (anyone who worked the entire quarter should have completed three Weekly Staff Utilization Records). Record the totals in the appropriate box. Round off all entries to the nearest whole hour. If more than one person is reported on the same line, make certain that their total hours in any one functional category does not exceed 998 hours. If this occurs, you must report wages and hours for some of those persons on a separate line.*

LEAVE

Include here only paid leave (paid vacation, paid sick leave, etc.). Do not include compensatory time. Be certain that the $ value of paid leave taken has also been included under "$ Value of Wages and Salaries Accrued Quarterly."

ADVOCACY OR NON-PCC FUNDED PROGRAMS

Include here only hours worked on Advocacy or Non-PCC components that are paid from the base PCC budget.

CONSULTANTS

JOB TITLE: CONSULTANTS

List each paid consultant who worked for the PCC and earned compensation from the PCC during the quarter. List each consultant on a separate line.

$ VALUE OF WAGES AND SALARIES ACCRUED QUARTERLY

For each consultant listed on this report, record the $ value of compensation earned by the consultant for work performed during the quarter. Round off compensation to the nearest whole dollar. Do not record compensation paid to a consultant, if no work was performed this quarter. Compensation should be reported when the work is performed, regardless of when the consultant is actually paid.

FUNCTIONAL CATEGORIES

For each consultant listed, add up the total number of hours worked in each functional category as reported on the Weekly Staff Utilization Records. Record the totals in the appropriate boxes. "Leave" and "Advocacy or Non-PCC Funded Programs" do not apply to consultants.

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* No more than three digits (up to 999) can be recorded in any one functional category on a line because of the coding format. The number 999 is reserved as a special coding instruction and should not be used.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.

- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, pages III-15 - III-16.

- The person preparing the report must sign the form as indicated

QUARTERLY REPORT ON DONATED SERVICES

[Allowable as Non-Federal Share]

QUARTERLY REPORT ON DONATED SERVICES

[Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] ☐☐☐☐☐

[6-9] ☐☐☐☐

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] 13 CARD

TOTAL NUMBER OF PROFESSIONAL AND NON-PROFESSIONAL WORKERS LISTED BELOW ☐

Estimated $ Value of Services Provided Quarterly

[12-13]	JOB TITLE (14-15)	P	NP	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	INTAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
01																		
02																		
03																		
04																		
05																		
06																		
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08																		
09																		
10																		
11																		
12																		
13																		

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

III-B-1

QUARTERLY REPORT ON DONATED SERVICES

[Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] [ ][ ][ ][ ][ ]

[6-9] [ ][ ][ ][ ]

GRANTEE Rio Grande Community Action Agency

PCC Lynn PCC, Inc.

GRANT NUMBER H-8012

QUARTER ENDING 9-30-72
month / day / year

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] CARD 13

TOTAL NUMBER OF PROFESSIONAL AND NON-PROFESSIONAL WORKERS LISTED BELOW 12

Estimated $ Value of Services Provided Quarterly

[12-13]	JOB TITLE: (14-15)	P	NP	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
01	Nurses (2)	✓		$21	0	0	0	0	0	0	0	6	0	0	0	0	0	0
02	M. D.	✓		296	0	0	0	0	0	0	0	16	0	0	0	0	0	0
03	Architect	✓		150	0	0	0	0	0	0	0	0	0	0	0	0	20	0
04	Tutor	✓		57	0	0	0	25	0	0	0	0	0	0	0	0	0	0
05	therapist	✓		101	0	0	0	25	0	0	0	0	0	0	0	0	0	0
06	Social Worker	✓		378	0	0	0	0	0	120	0	0	0	0	0	0	0	0
07	Nutritionist	✓		360	0	0	0	0	0	0	0	0	120	0	0	0	0	0
08	Child Dev. Instructo	✓		1080	0	0	0	0	180	0	0	0	0	0	0	0	0	0
09	Child Librarian	✓		150	0	0	46	0	0	0	0	0	0	0	0	5	0	0
10	Asst. Cook		✓	304	0	0	0	0	0	0	0	0	160	0	0	0	0	0
11	Bus Driver		✓	225	0	0	0	0	0	0	0	0	0	0	120	0	0	0
12																		
13																		

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-3-72

III:H-2

INSTRUCTIONS FOR FILLING OUT THE

QUARTERLY REPORT ON DONATED SERVICES
(Allowable as Non-Federal Share)

This report is very similar to the Quarterly Staff Utilization Report except that the personnel services reported here are donated to the PCC and are allowable as the required non-federal share of the PCC budget. The report shows the estimated dollar value of services donated by individuals to the PCC during the quarter as well as the distribution of those hours among the fourteen functional categories. The data presented here may be used to review the kinds of donated services received by the PCC and the way in which those services are being used in terms of program functions. This report is used by the national office in preparing the following quarterly management reports:

- I Report #2 Summary of Potential Problems
- II Report #4 Cost Per Unit of Service
- II Report #5 PCC Cost Per Participant
- II Report #6 Total Cost Per Functional Activity
- II Report #7 Federal and Non-Federal Cost Per Functional Activity
- II Report #8 Direct Cost Per Functional Activity
- II Report #9 Indirect Cost Per Functional Activity
- II Report #10 Personnel Hours Per Functional Activity
- III.A. Unit Costs (Total Program)
- III.B. Expenditures by Function (Total Program)

PROCEDURE

This form should be completed as of the last day of each quarter. Information needed to fill out the report must be compiled from all individual Donated Service Vouchers checked "Allowable as Non-Federal Share." Include (1) all individuals who worked for the PCC but did not receive wages, (2) all persons who performed work for the PCC but were paid by another agency and (3) all persons who were paid by the PCC for only a portion of the work delivered if those services may be counted toward the required non-federal share of the PCC budget.

Note: Uncompensated overtime worked by PCC employee is not allowable as non-federal share.

List all donated services by the title of the job performed. You may list more than one volunteer on a line, if they meet the following criteria:

- all persons listed under a job title are performing services valued at the same hourly rate
- the total number of hours recorded in any one functional category does not exceed 998 hours. If this occurs, you must report wages and hours for some of the persons included on a separate line.*

Report only those donated services that are normally allowable as the non-federal share of the PCC budget. The vouchers with which you are working should have been marked accordingly. If more than thirteen lines are required to record all donated services, use a copy of this form: Mark out the boxed numerals (1-13) and renumber beginning with 14, 15, 16, and so on.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Quarterly Report on Donated Services (allowable as non-federal share).

QUARTER ENDING

Indicate the month, day and year of the last calendar day of the quarter. This should be the last day of the month.

TOTAL NUMBER OF PROFESSIONAL AND NON-PROFESSIONAL WORKERS LISTED BELOW

Record here the total number of persons who donated professional or non-professional services during the quarter and who are listed individually or in groups on the report.

JOB TITLE

On the numbered lines provided, list individuals or groups of individuals who donated services by job title. The type of service donated (professional or non-professional) should be marked on the individual Donated Service Vouchers. For each person listed check either P (Professional) or NP (Non-Professional) according to the type of service donated. If more than one person is listed on a line, indicate in parentheses how many persons are included.

ESTIMATED $ VALUE OF SERVICES PROVIDED QUARTERLY

For each person or group of persons listed on a line, add up the total estimated dollar value of services from the individual Donated Service Vouchers covering this quarterly period. Round off the total to the nearest whole dollar and enter the sum in the appropriate blank.

---

*No more than three digits (up to 999) can be recorded in any one functional category on a line because of the coding format. The number 999 is reserved as a special coding instruction and should not be used.

FUNCTIONAL CATEGORIES

For each person or group of persons listed on a line, add up the number of hours donated in each functional category and enter the total in the appropriate box. Round off all entries to the nearest whole hour. If the total number of hours in any one functional category exceeds 998 hours, you must report the hours and $ value for some persons on a separate line.*

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.
- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, page III-17.
- The person preparing the report must sign the form as indicated

*No more than three digits (up to 999) can be recorded in any one functional category on a line because of the coding format. The number 999 is reserved as a special coding instruction and should not be used.

QUARTERLY REPORT ON DONATED SERVICES

VOLUNTEERED OR PAID FROM OTHER FEDERAL AGENCIES

[Not Allowable as Non-Federal Share]

QUARTERLY REPORT ON DONATED SERVICES VOLUNTEERED OR PAID FOR FROM OTHER FEDERAL AGENCIES [Not Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] | | | | | |

[6-9] | | | | |

GRANTEE _____

PCC _____

GRANT NUMBER _____

QUARTER ENDING _____
month / day / year

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] 14 CARD

TOTAL NUMBER OF WORKERS LISTED BELOW [ ]

Estimated $ Value of Services Provided Quarterly

[12-13]	JOB TITLE: [14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
01																
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Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date

III:I-1

QUARTERLY REPORT ON DONATED SERVICES VOLUNTEERED OR PAID FOR FROM OTHER FEDERAL AGENCIES [Not Allowable as Non-Federal Share]

Parent Child Center Program
Office of Child Development
U.S. Department of HEW
OMB 85-R0198 Expires 7/31/74

for HEW use

Date Received _____

[1-5] [ ][ ][ ][ ][ ]

[6-9] [ ][ ][ ][ ]

GRANTEE Rio Grande Community Action Agency

PCC Lynn PCC, Inc.

GRANT NUMBER H-8012

QUARTER ENDING 9-30-72
month / day / year

List all donated services by the title of the job performed. It is not necessary to list all volunteers individually. They must, however, be grouped so that all persons listed under a job title are performing services valued at the same hourly rate.

[10-11] 14 CARD

TOTAL NUMBER OF WORKERS LISTED BELOW 14

Estimated $ Value of Services Provided Quarterly

[12-13]	JOB TITLE: [14-15]	[16-19]	ADMINISTRATION: SUPERVISION OF PERSONNEL AND MANAGEMENT [20-22]	ADMINISTRATION: PROGRAM PLANNING AND RESEARCH [23-25]	ADMINISTRATION: FUND RAISING [26-28]	CHILD SUPERVISION AND EDUCATION [29-31]	PARENT EDUCATION AND TRAINING [32-34]	SOCIAL AND ECONOMIC SERVICES TO FAMILY [35-37]	IN-TAKE EVALUATION AND REFERRAL [38-40]	HEALTH SERVICES [41-43]	FOOD SERVICES [44-46]	COMMUNITY ORGANIZATION [47-49]	TRANSPORTATION [50-52]	(PURE) RESEARCH [53-55]	OCCUPANCY [56-58]	STAFF DEVELOPMENT AND ON-THE-JOB TRAINING [59-61]
01	N.Y.C. (7)	#1101	0	0	0	551	0	0	0	0	75	0	0	0	62	0
02	N.Y.C. (7)	1101	0	0	0	550	0	0	0	0	75	0	0	0	63	0
03																
04																
05																
06																
07																
08																
09																
10																
11																
12																
13																

Abt Associates Inc. 6/72

Signature of Person Preparing Form	Phone	Date
Marjorie Brown	612-492-6183	10-6-72

QUARTERLY REPORT ON DONATED SERVICES

VOLUNTEERED OR PAID FOR FROM OTHER FEDERAL AGENCIES
(Not Allowable As Non-Federal Share)

This report is identical to the Quarterly Report on Donated Services except that the estimated dollar value of services listed here is not allowable as part of the required non-federal share of the PCC budget (compensation for such services is bing paid by another federal agency).* The data in this report may be used in conjunction with the data from the Quarterly Report on Donated Services to review the PCC's use of donated services. This report provides data for a special annual management report prepared by the national office assessing the dollar value of donations which are not allowable as non-federal share and which are not currently documented.

PROCEDURE

This form should be completed as of the last day of each quarter. Information needed to fill out the report must be compiled from all individual Donated Service Vouchers checked "Not Allowable as Non-Federal Share." Include all persons who performed work for the PCC but were paid by another federal agency.

List all donated services by the title of the job performed. You may list more than one volunteer on a line, if they meet the following criteria:

- all persons listed under a job title are performing services valued at the same hourly rate
- the total number of hours recorded in any one functional category does not exceed 998 hours. If this occurs you must report $ value and hours for some of the persons included on a separate line**

Report only those donated services that are not normally allowable as the required non-federal share of the PCC budget. The vouchers with which you are working should have been marked accordingly. It is not necessary to list professionals and non-professionals separately. If more than thirteen lines are required to document all donated services, use a copy of this form: mark out the boxed numerals (1 - 13) and renumber beginning with 14, 15, 16 and so on.

---

* Note, however, that Model Cities expenditures made on behalf of the PCC may be counted as non-federal share; services supported by such money would be reported on the Quarterly Report on Donated Services.

** No more than three digits (up to 999) can be recorded in any one functional category on a line because of the coding format. The number 999 is reserved as a special coding instruction and should not be used.

SPECIFIC INSTRUCTIONS

Specific instructions are provided below for items which appear on the Quarterly Report on Donated Services Volunteered or Paid For From Other Federal Agencies (Not Allowable as Non-Federal Share)

QUARTER ENDING

Indicate the month, day and year of the last calendar day of the quarter. This should be the last day of the month.

TOTAL NUMBER OF WORKERS LISTED BELOW

Record here the total number of persons who donated services (whether professional or non-professional) during the quarter and who are listed individually or in groups on the report. Include only services not allowable as non-federal share.

JOB TITLE

On the numbered lines provided, list individuals or groups of individuals who donated services by job title. List only persons who performed services valued at the same hourly rate on the same line. The type of service donated should be indicated on the individual Donated Service Vouchers. If more than one person is listed on a line, indicate in parentheses how many persons are included.

ESTIMATED $ VALUE OF SERVICES PROVIDED QUARTERLY

For each person or group of persons listed on a line, add up the total estimated dollar value of services from the individual Donated Service Vouchers covering this quarterly period. Round off the total to the nearest whole dollar and enter the sum in the appropriate blank.

FUNCTIONAL CATEGORIES

For each person or group of persons listed on a line, add up the number of hours donated in each functional category and enter the total in the appropriate box. Round off all entries to the nearest whole hour. If the total number of hours in any one functional category exceeds 998 hours, you must report the hours and $ value for some persons on a separate line.*

---

* No more than three digits (up to 999) can be recorded in any one functional category on a line because of the coding format. The number 999 is reserved as a special coding instruction and should not be used.

CROSS CHECKS

After completing this report, make certain that you have followed these procedures:

- Fill in all blanks. Use a zero (0) if no figures should be reported or if the question is not applicable. Use the abbreviation UNK for items which are unknown and explain why the data is unavailable in the Narrative Report.

- Perform all the cross checks applicable to this report. Instructions for completing cross checks are presented in the introduction to the Quarterly Reports, page III-18.

- The person preparing the report must sign the form as indicated

GRANTEE QUARTERLY FINANCIAL REPORT

GRANTEE QUARTERLY FINANCIAL REPORT

Grantee Name _____ Last Day of Quarter _____

Grantee Number _____

Starting Date of Grant _____

Type of Report (check one) ☐ Quarter 1 ☐ Quarter 2 ☐ Quarter 3 ☐ Quarter 4 (final)

1. Unexpended from prior program year _____
2. Payments received this program year _____
3. Miscellaneous Income _____
4. Total _____

	TOTAL BUDGET	Expenditures To Date		Expenditures This Quarter		
		Federal (OCD)	Non-Federal	Federal (OCD)	Non-Federal	Total
1.0 PERSONNEL						
1.1 Salaries & Wages						
1.2 Fringe Benefits						
1.3 Consultants & Services by Contract						
2.0 NON-PERSONNEL						
2.1 Travel						
2.1.1. Local						
2.1.2. Out-of-Area						
2.2 Space and Utilities						
2.3 Consumable Supplies						
2.3.1. Food						
2.3.2. Maintenance						
2.3.3. Office Supplies						
2.3.4. Educational Supplies						
2.3.5. Other Costs						
2.4 Purchase Lease and Rental of Equipment						
2.5 Other Costs						
TOTAL EXPENDITURES						
REVENUE OVER (UNDER) EXPENDITURES						

☐ Check one: Non-Federal Expenditures Include excess from other programs

☐ A Portion of Non-Federal Expenditures has been transferred to other programs

☐ Neither of the above applies

GRANTEE QUARTERLY FINANCIAL REPORT

Grantee Name Rio Grande Community Action Agency Last Day of Quarter 8-31-72

Grantee Number H-8012

Starting Date of Grant 3-1-72

Type of Report (check one) ☐ Quarter 1 ☒ Quarter 2 ☐ Quarter 3 ☐ Quarter 4 (final)

1. Unexpended from prior program year -0-
2. Payments received this program year $87,877
3. Miscellaneous Income 36
4. Total 87,913

	TOTAL BUDGET	Expenditures To Date		Expenditures This Quarter		
		Federal (OCD)	Non-Federal	Federal (OCD)	Non-Federal	Total
1.0 PERSONNEL						
1.1 Salaries & Wages	121,449	53,039	4100	28,262	2100	30,362
1.2 Fringe Benefits	12,901	6,838	-0-	3,419	-0-	3,419
1.3 Consultants & Services by Contract	35,035	6,120	11,146	2630	5573	8,203
2.0 NON-PERSONNEL						
2.1 Travel						
2.1.1. Local	5020	2900	-0-	1500	-0-	1500
2.1.2. Out-of-Area	900	532	-0-	332	-0-	332
2.2 Space and Utilities	25,904	1206	11,700	616	5850	6466
2.3 Consumable Supplies						
2.3.1. Food	3675	1044	600	564	317	881
2.3.2. Maintenance	800	400	-0-	130	-0-	130
2.3.3. Office Supplies	1250	688	-0-	345	-0-	345
2.3.4. Educational Supplies	2425	1479	80	705	36	741
2.3.5. Other Costs	1300	200	300	200	120	320
2.4 Purchase Lease and Rental of Equipment	16,981	8,983	-0-	5031	-0-	5031
2.5 Other Costs	4,000	1888	-0-	897	-0-	897
TOTAL EXPENDITURES	231,640	85,317	27,926	44,631	13,996	58,627
REVENUE OVER (UNDER) EXPENDITURES		(2,560)				

☐ Check one: Non-Federal Expenditures Include excess from other programs

☐ A Portion of Non-Federal Expenditures has been transferred to other programs

III:J-2

☒ Neither of the above applies

INSTRUCTIONS FOR FILLING OUT THE GRANTEE QUARTERLY FINANCIAL REPORT

This form was designed to replace the OS-192 Quarterly Financial Report form. Implementation of the form will be carried out by the Grants Management Division of the Office of Child Development. Completion and submission of the form will be the responsibility of the Grantee and not the PCC *per se*. Until official notification, however, the Grantee should continue to fill out and report the OS-192 and not this form.*

This report is useful to local Parent Child Centers and National PCC program officials alike in determining which program resources have been used, which program financial resources are still available, and how the flow of funds compares with planned rates of expenditures by line item. In short, this report is intended to serve as: (1) a grantee management tool to summarize and review costs incurred compared with proposed costs; and, (2) a means by which a grantee can communicate a financial summary of his operations to OCD. The report will provide a basis for the audit of grantee operations and for the identification of need for work program changes.

SUGGESTED PROCEDURE

The chart of accounts used by the Grantee's accounts should correspond with the DHEW, OCD guidelines used in PCC Grant Applications and stated in narrative form in the directions attached to these instructions. Please note that in some details this chart of accounts differs from the chart of accounts used in CAP Management Guide; Grantee Accounting (1968). The accounting should be done on a double-entry

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* Both the OS-192 and this form meet the Federal "Uniform Administrative Requirements for Grants-In Aid to State and Local Governments" stipulation that

> the grantor agency shall [require]... a Financial Status Report for each grant program... The report shall not be required more frequently than quarterly or less frequently than annually... Grantees shall be required to submit the original and two copies of the Report of Federal Cash Transactions no later than 15 working days following the end of the quarter... The Federal grantor agency shall use this report to monitor cash advanced to grantees and to obtain disbursement or outlay information for each grant on project from the grantees.

accrual system. That is to say, the trial balance for the quarter should consider payments to which employees, consultants, and creditors of any kind have an "unqualified right" liabilities regardless of whether or not payment has been made. Likewise, lump sum payments for services that extend over the course of the entire year should be amortized. Payments for insurance, licensing, and leases, for example, should be amortized over the entire operating year. In addition, a dollar value should be imputed to non-cash contributions to the program according to the Office of Economic Opportunity (OEO) Guidelines and these dollar values should be reported as expenditures. Finally, in those instances where the grantee does not have a centralized accounting system, the grantee's report must include consolidated data from all delegate agencies, covered by this grant.

PREPARING THE FORM

The Grantee's Controllor or Accountant should be responsible for preparing the Grantee Quarterly Financial Report. The completed form must be counter signed by the PCC Director, the Policy Council Chairman, and the Executive Director of the Grantee as well as by the person who prepared the report.

COMPLETING THE FORM

No blanks should be left on the completed form. Use zeros to indicate no expenditures, no credits, and/or no budgeted amount. Adhere to the definitions that follow.

SPECIFIC INSTRUCTIONS

Specific Instructions are provided below for completing items which appear on the Grantee Quarterly Financial Report that may not be self-explanatory.

GRANTEE NAME

Indicate here the official name of the Parent Child Center Grantee.

LAST DAY OF QUARTER

Indicate with numbers the last day, month, and year of the quarter which this report covers.

GRANT NUMBER

Indicate the Official Department of Health, Education and Welfare, Office of Child Development grant number on this line.

STARTING DATE OF GRANT

Indicate in numbers the first day, month, and year for the FCC grant.

TYPE OF REPORT

Indicate if this report covers the first, second, third, or fourth quarter of the grant period.

UNEXPENDED FROM PRIOR PROGRAM YEAR

Indicate the carry-over balance from the previous grant assigned to this grant period on the official CS-196 form.

PAYMENTS RECEIVED THIS PROGRAM YEAR

Indicate the aggregate dollar value of the check payments or letters of credit withdrawal authority from the United States Government received to date as part of the grant covered by this report.

MISCELLANEOUS INCOME

Report all income generated with grant funds during the current program year. Include interest earned on the bank deposits of Federal funds and income from special fund raising activities (such as rummage sales, bake sales, and fund raising events) made possible by Federal funds.

TOTAL BUDGET

Indicate the total approved budget for the current grant award period. This budget should represent the aggregate budget for new Federal funds, carry-over balance, and non-Federal share of program costs.

EXPENDITURES TO-DATE

Indicate the accrued expenditure of Federal funds and the accrued expenditure of non-Federal funds for the period beginning with the Starting Date of the Grant and Ending with the Last Day of Quarter which this report covers. Remember that under United States Government Grant In-Aid Regulations not all expenses are expenditures. Depreciation and interest payments on loans for operating expenses, for example, are not considered allowables expenditures. When in doubt about an expense, check with your OCD Grants Management Officer.

EXPENDITURES THIS QUARTER

Indicate the accrued expenditure of Federal funds and the accrued expenditure of Non-Federal Funds for the three month period covered by this report. Add the Federal and non-Federal and enter the results in the "Total" column. The same United States Government regulations on admissable expenditures apply to these entries as well as to entries for Expenditures-To-Date.

1.0 PERSONNEL COSTS

Employee salaries and wages, payroll taxes, fringe benefits to staff, the imputed value of volunteered and donated services, and payments to consultants for professional services are considered Personnel Costs and should be reported on an accrued basis.

1.1 Salaries and Wages Paid

The gross amount of employee salaries and wages, both paid and accrued, (before any payroll deductions) including all payments for full time or temporary personnel provided by professional and technical consultants should be reported as part of this account. The account also includes the gross value of all volunteered services and contributed salaries and wages. The value of volunteered time must be imputed (estimated) according to the Office of Economic Opportunity (OEO) Guidelines which are currently applicable to this program. These guidelines are included with "Instructions for Filling Out the Donated Service Voucher", p. II:G. The gross value of contributed salaries and wages should represent the actual cost of time contributed by employees paid by agencies other than directly funded federal projects (Model Cities funded projects and personnel are an exception to this rule). The gross value of contributed salaries and wages includes the value of all fringe benefits relative to time contributed by employees of other agencies, such as payroll taxes, annual leave, and other normal employee benefits.

1.2 Fringe Benefits Paid by PCC

All payments, other than wages and reimbursement for business expenses, made for the benefit of employees are to be reported as Fringe Benefits. Such benefits include, but are not necessarily limited to:

1. Disability, life and hospital insurance
2. Vacation, sick pay, holidays, military leave (if not already included in total salaries)
3. Deferred compensation such as pensions and annuities
4. Severence pay and Unemployment Compensation
5. Training and educational expenses (including stipends) granted by the employer for the employee
6. Incentive compensations, such as cost reductions and/or special awards
7. Workman's Compensation

1.3 Consultant and Contract Service

All amounts paid or accrued for professional and technical consultants, whether (a) on a single engagement basis for projects of short-term nature not requiring a formal contractual relationship or (b) for continuing counsel, research, training, or other projects authorized by formal contractual agreement, are to be reported as part of this account.

Legal counsel, financial counsel, bookkeeping, data processing, and auditing are also included in this account. Finally, the direct purchase of medical, psychological, and dental services are to be reported here.

For example, consultant and contract services might include payments made to Child Development consultants, chauffeurs, bus drivers, taxi companies, housekeeping-maintenance services, lawyers, doctors, dentists, therapists, management consultants, accountants, and the like. However, contract services that involve building repairs and remodeling, equipment repairs, etc. are to be recorded as Other Costs 2.5.

2.0 NON-PERSONNEL

All expenditures incurred and donations received other than personnel expenditures and donated services are non-personnel expenditures.

2.1 Travel

Expenses related to travel and transportation for clients and staff including cost for leasing vehicles, gasoline and other supplies for motor vehicles. However, automobile insurances are to be recorded as Other Costs 2.5.

2.1.1. Travel: Local

Expenditures, cash or in-kind, related to transporting participants to and from the program, either on a regular or a special basis. Expenditures associated directly with staff travel on PCC business either within the PCC service area, or within the State. The provision of in-kind transportation services must be supported by a voucher. Federal guidelines must be used for valuing auto mileage.

2.1.2. Travel: Out-of-Area

Expenditures for travel, necessary for PCC business, typically outside of the state in which the program is located. Such travel is most likely to include travel to conferences, etc. The value of donated or third party paid transportation for PCC business Out-of-Area is to be recorded here. Use Federal guidelines for valuing auto mileage.

2.2 Space and Utilities

Costs arising from a program's occupancy and use of owned or leased lands, buildings, and offices. Salaries should not be included. However, utilities and licenses and permits (other than for motor vehicles) should be included. Under DHEW, OCD guidelines, telephone and telegraph expenses are to be included although under CAP Management Guidelines they would not have been.

Rent: In order to achieve consistency in reporting, rent is defined arbitrarily to be the sum of depreciation and property taxes. Regardless of ownership of facilities, the appropriate measure of space rental costs is the market rental value of the facilities. In cases where the facility is being rented at full market price, the actual rent being paid is the correct measure of rent. In cases where the facility is owned by the center, donated to the center or rented at a subsidized rate, the full market rental must be estimated. A reliable source for such an estimate is a local realtor although it is not necessary to obtain an official estimate of this kind for purposes of reporting. Instead, an estimate of realistic use rate and not a replacement cost or a best use value is sought. To arrive at a realistic use rate, the total amount of indoor space and the total amount of outdoor space being used by the program must be determined. Then, the rental value for comparable space in the same general vicinity can be obtained from a realtor or an appraiser. Such a market rental value will reflect local market conditions and will be independent of other cost data. If only a part of a facility is being used (e.g., the basement of a church), be sure to report the rental figure for just that part, and not the whole facility.

1. If there is a lease or a leasehold arrangement, rent and/or payments toward amortization of the leasehold arrangement should be entered as "rent". Where rent which is below the market value is charged, the difference between the market value and the rent paid should be added to the actual rent paid and entered on this line, under local in-kind
2. If property is being purchased, mortgage payments are to be divided. The amount paid toward real estate taxes, mortgage interest, mortgage insurance, and depreciation allowance should be reported as "rent."
3. If property has been donated or has been completely purchased, a depreciation allowance should be reported as rent.
4. If there is a freehold arrangement with a church, a school board, a business corporation or any other landlord, a fair market value of the rent of that property should be imputed and entered as "rent."

If rent paid for a garage or storage of program owned autos, buses, or trucks, the amount of such rent is entered here. However, please add a note to your narrative to indicate where this is the case.

2.3 Consumable Supplies

This line includes cost of all office, educational, classroom, health, printing and maintainance supplies, consumed in the operation of the center.

2.3.1 Food

The cost of food supplies used either in or by the PCC, including cost or value of food consumed at official PCC functions outside the PCC. Do not include rental payments for kitchen equipment.

2.3.2 Maintenance Supplies

Include non-personnel costs for housekeeping -- janitorial supplies such as soap, linen, disinfectants, paper toweling, toilet paper, laundry and linen services, electric light bulbs. Also include clean-up supplies, other than those which are acquired through contract and have been reported. Do not include paper cups, plates, straws, etc., used for food services.

2.3.3 Office Supplies

Includes cost of stationery, paper, ink, duplicating materials, pencils, pens, typewriter ribbon. Include also, the cost of reports and books that are used primarily for administrative and management purposes, the printing cost of materials used for newsletters if the purpose is administrative, communication with parent, communications with the community at large, etc. Include postage, but do not include telephone and telegraph, which are considered Space and Utilities Costs.

2.3.4 Educational Supplies

Expenses for items used by or on the behalf of the students (clients) such as pens, pencils, crayons, paints, art paper, scissors, paste, games, toys, puzzles, books, Montessori materials, Peabody Kits, etc. Be sure to differentiate between educational supplies and materials and office supplies. Do not include rental payments for educational and classroom equipment and furniture. These expenses should be reported in item 2.4.

2.3.5 Other

Include here the cost of bandages, antiseptics, aspirin, first-aid kits, etc. and consumable supplies not already listed. Do not include rental payments for health equipment.

2.4 Rentals, Leases and Purchase of Equipment

All non-personnel, non-consumable expenditures by, and gifts made to, the Center during the reporting period that have a depreciable life. Rental and leases of equipment should also be reported in this section.

The cost of furniture, fixtures, rugs, cabinets, appliances, reusable games, moveable and fixed toys, typewriters, photocopying machines, calculators, etc. are considered equipment. The costs of freight, handling, and installation may be included as equipment costs. Do not include expenditures for leasing vehicles which are to be reported under 2.1.1.

2.5 Other

Parent activities, field trip fares and entrance fees, and insurances are to be reported as part of this account. Insurances would include but not be limited to "pupil liability-accidental death and dismemberment," "vehicle theft and liability insurance," "general liability and theft," and "fire and wind damage." Contract services involving the construction of facilities should be reported here.

Total Expenditures

Total each column and enter the sum by column.

Revenue Over (Under) Expenditures

This entry applies only to the column titled "Expenditures To Date, Federal (OCD)". The entry "Total Expenditures, Expenditures to Date, Federal (OCD) is to be substracted from "Payments received this program year." If the difference is a positive number, enter that number with parenthesis around it. If the difference is a negative number, enter the number with a minus sign in front of it.